MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	10876 Reg. Dist.
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 185
1. PLACE OF DEATH:  COUNTY Harford  MARYLAND  2. USUAL RESIDENCE (HOME) OF DECEASED:  COUNTY HOT FO	isd.
CITY (If outside corporate limits, write RURAL OR and give nearest, town)  (In this place)  OR AND HAVE DE GRACE  LENGTH OF STAY (If outside orporate limits write RURAL and OR TOWN PLE   Text   Rural and OR TOWN   Ple   Text   Rural and OR Town   Ple   Text   Rura	give nearest town)
HOSPITAL OR HINSTITUTION OR Harford Memorial Hospital  STREET ADDRESS  Harford Memorial Hospital  STREET ADDRESS  Harford Memorial Hospital	ee.
3. NAME OF (First) (Middle) (Last) 4/DATE (Month) (Day (Type or Print) HERMAN EUGENE ADAMS 0F DEATH 11/25	19 55
5. SEX: Male  6. COLOR OR WIDOWED, DIVORCED, (Specify): Widowie C. St. 1421  9. AGE last birthday: Winderly Months Da	Honra   Min.
work done during most of work life, gindustry: West Verginia	COUNTRY COUNTRY
13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Zollie Higgins	
15. Was Deceased Ever In U.S. Armed Forces 7 16. Social Security No.: 17. Informant & Address: (Yes, no, or unk.) (If Yes, give war or dates of 215-16-633) Tura Norman & Address Be! He	Reral#1- Ked.
18. MEDICAL CERTIFICATION  1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:    1/20./   Myocardial infarct     1/20./   DUE TO COFONARY OCCUSSION	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)  Diseases or conditions, if any, (b)  giving rise to the above cause DUE TO  stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF street, office bldg., etc., INJURY  21b. PLACE (Home, farm, factory, office bldg., etc., INJURY)  21c. (City or town) (County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED White at Not while INJURY M. Work at work   21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undeter SIGNATURE    M. D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE	
23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or so REMOVAL (Specify): 120/2014 195 190/46: Williams of Managery 120/46: Harring DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 120. 26-55 4. There is the second of	ADDRESS

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the registrar within 72 hours after death. After this in by the funeral director, the third comy of this

hours after death.

# INSTRUCTION

The bottom copy may be retained by the hospital or attending physician.

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 1087CERTIFICATE OF DEATH

10877

Thet.

	Reg. Dist	. No. 185
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	
COUNTY HAR FOR O. MARYLAND	STATE MORYLAND COUNTY HOR	FORd
CITY (If outside cdrparete fimits, write RURAL OR and give nearest town)  TOWN	CITY (If outside corporate limits, write RURAL end give need OR	rest lown)
HOSPITAL OR HEAR TRACE D. O. a.	UDERCIECY	1, X
INSTITUTION OR HAPFOR AMORAGIA HAS TO	STREET ADDRESS (If ruraf give locetion)	0011
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month)	(Dey) (T (Year)
(Type or Print) MOLAR	OF DEATH //	4 1057
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH 9. AGE lest birthdey IF UNDER	
Temale Colored WIDOWED, DIVORCED, (Specify) Child. 7	18/50 5 yrs. Months	Days Hours Mi
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12	CITIZEN OF WHAT
relired)	MaryLand	COGNIKTY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Warier arins	1 61029 70h7	1500
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yaş, no, or unk.) [If Yas, give wer or delet of service]	17. INFORMANT & ADDRESS	701 TI
	WIONG CIPINSIL	Molner
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	ONSET AND DEATH
511.1 AMMEDIATE CAUSE (A) Self Secretical	tatud beaut	, tears.
ANTECEDENT CAUSE(S) DUE TO	to A to	1.40.
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING INDERLYING CALISE DUE TO	agus mens	1 oraceg
STATING UNDERLYING CAUSE LAST. DUE TO	The Area	3 Law
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		-
DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		YES NO
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY great, office bidg., etc.)	21c, WHERE DID INJURY OCCUR? (City or town) (Coun	1 40-7
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21s. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?	
M.   at work     at work		
22. I hereby certify that I attended the deceased from I	, ,,	
alive on		
A LA LANDRONT MAN	ADDRESS (Straet, city, town, stete)	DATE SIGN
23. BURIAL, CREMATION, DATE THEREOF I NAME OF CEMETERY OF	R CREMATORY LOCATION (City, Town, or county)	(State
Sunal 11-9-53 Union	mithodist ater deen	721
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE-		ADDRESS
my 9-1955 6. X. Xouil no 10.	(TI) 0 18.00 1 -1	1

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MARYLAND	STATE	DEPARTMENT	of	HEALTH—BALTIMORE,	18	10878
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	10890 CERTIFICATI	C OF DEATH Reg. Dist. No. / J
oly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
.20	COUNTY HARFORD MARYLAND	STATE MD. COUNTY HARFORD
le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate iimits, write RURAL and give nearest town)
and legibly	YOR and give nearest town) TOWN RURAL-DARLINGTON 3 9VRS.	TOWN RURAL - DARLINGTON X
N	HOSPITAL OR	STREET (If rural give location)
clearly	STREET ADDRESS	U.S. ROUTE
	3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Duy) (Year)
death	(Type or Print) ALBERT HERVEY ASH	TON DEATH: NOV. 2, 1955
		OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR 1 UNDER 24 HRS.
of	M RACE: WIDOWED, DIVORCED,	11. 1883 Ta yrs. Months Days Hours Min.
causes	IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):   12. CITIZEN OF WHAT
an a	work done during most of working life, even if retried;	COLUMBUS, OHIO COUNTRY?
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
the	13, PATHER'S NAME:	
write	MICHARD ASHTON	ELIZA MC GREW
Y.	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY NO.  (Yes, Moa or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
	of service) 219-07-2514	NINA R. ASHTON, DARLINGTON, MD.
please	18. MEDICAL CERTIFICAT	
pld	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	43411	man Tillo Tago
138	IMMEDIATE CAUSE (A) ULLE V	regarde Current
Physicians	ANTECEDENT CAUSE (S)	
y.s	DISEASES OR CONDITIONS, IF ANY, (B)	
Ph	STATING UNDERLYING CAUSE LAST.	
	(C)	
important.	TO THE DEATH BUT NOT RELATED TO THE	1. 1. 1.
ort	DISEASE OR CONDITION CAUSING DEATH.	Momie flerkenia
du	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YEE NO W
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory, 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
bec	(IF EITHER, NOTIFY MEDICAL EXAMINER)	D   21F. HOW DID INJURY OCCUR?
	OF INJURY OCCURRED While Not while at work at work	21. NOW DID INSORT OCCUR.
100 100	22. I hereby certify that I attended the deceased from Urr.	1 10 C to 100/2 19.55 that I lest sow the decorded
386		
	altye on My Il . , 19 J, and that death occurred at	M, from the causes and on the date stated above.  ADDRESS. / DATE SIGNED
ec	(SIGNATURE O O OO OO OO	M. A. D. J. 7. 1 11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
correct	Malcolin Xlledley Fully her	ERY OR CREMATORY   LOCATION (City, town, or county) (State)
0	REMOVAL (SPECIFY)	Th . NA
	BURIAL NOV. 16,1955 DARLI	NGTON DARLINGTON, MD.
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
	REGISTRAR 16.35 Priscilla Forward	JOHN H. HARKINS, DELTA, PA.

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the registrar within 72 hours after death, in by the funeral director, the third cop

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

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After

4. hours after death.

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 10874 CERTIFICATE OF DEATH

10879

Reg. Dist. No. 185

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY HAR FORD MARYLAND	STATE MARLELAND COUNTY WAR CORN
CITY (If oulside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporete timits, write RURAL and give neerest town)
OR and give nearest town) (In this place)	TOWN COLO
RE PAURE DE CRACE 19 JULS	C JEWOOD X
HOSPITAL OR INSTITUTION OR	STREET ADDRESS (if rural give location)
STREET ADDRESS HARTORD Nemorial WOSP.	BOX 177
3. NAME OF ALDERERY (Middle)	(Last) 4. DATE (Month) (Day) (Yaer)
(Type or Print) ALBDEBERT Le Roy	BAIR DEATH 1/ 27 1953
PACE WIDOWED DIVORCED	OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
male white (specify) widowed a pre	11-1897 58 yrs. Months Days Hours Min.
INST OSOVE OF COLVENOIS (GIAS KING OL MOLK   100' KIND OL BOZINESS )	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, even if retired) TOOO / Local Common C	PENNA (1.5A
13. FAJHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN BOIR	MARU Dowland
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFØBMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or dates of service)	Toba M Dais Males & Commercial
中級地部市中水イエイー()イー()	430 John T. Bair, Edgewood R.D. Maryland.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
420. 1 IMMEDIATE CAUSE IN Coronary Ocche	sion with hypocardial
ANTECEDENT CAUSE(S) DUE TO INTERPETION A	esto: 2 days.
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	surior
STATING UNDERLYING CAUSE LAST, DUE TO	
C) ATTITUDE ELEVATION CONTINUES CONT	Carthovascular disease sural my
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	TT 1111.0-1:-01+0 -
DISEASE OR CONDITION CAUSING DEATH. CHITCH & ATTOR ELL	iles and Mps Hespiralory Tutoch not Certain
19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION	· 20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory,	YES NO P
21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  OF INJURY streat, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or fown) (County) (Stata)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a, INJURY OCCURRED	21/. HOW DID INJURY OCCUR?
M. el work Al work	
22. I hereby certify that I attended the deceased from / 9	The 19 It to Nov. 27 th 19 IT that I last saw the deceased
1	
alive on / 19 and that death occurred at	
S 4 7 1 10	ADDRESS (Street, city, town, state) DATE SIGNED
Telegra Color Common M.D. To	1014. Union tive, Harre all grace and 11/27/5
23. BURIAL, CREMATION, DATE THEREOF. NAME OF CEMETERY OR	CREMATORY COUNTY (State)
	orial Gardens   Bel Air, Harford Md.
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	25, TELINERAL DIRECTOR'S SIGNATURE ADDRESS
DATE HAM 2 8- 55 4. A. Lewish m. A.	Howard K. Mc Comas & Son, Abingdon, Md.

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 10897 CERTIFICATE OF DEATH

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Male White Specify id Gowed Oct. 17, 1878 77 yr. Months Days Hours In Do. USIAL OCCUPATION (Give lind of work done during most of working Me, wen is refried/Carpenter Disk. KND or Business Ox RNDUSTRY Home construction Harford Co., Md. U.S. A. RNDUSTRY RNDU	7							ney.	min reory	
CITY (floutides corporate limits, write RURAL OR STATE (flow) in this place)  OR, and give nearest town)  OR STATE (MORRES)  NOSPITAL OR STREET ADDRESS  NOSPITAL OR STREE	1. PLACE O	F DEATH				2. USUAL RESI	DENCE (HOME)	F DECEAS	BED	
CITY (II outlide corporate limits, write RURAL on give nearest town)  OR and give nearest town)  PASPITAL OR  INSTITUTION  INSTITUTION OR  INSTITUTION	COUNTY	Harford		MARVI	AND	STATE NOT	evlend co	NITY HE	brotand	
TOWN BOOL AIT, RUTAL    Company   Co	CITY (II ou	tside corporate limits, wa	rite RURAL	LENGTH C	DE STAY	CITY (If outside :				
STREET ADDRESS   Harford Convelescing Home						OR				
BISTRIFICADORS STREET ADDRESS  HATTOT GONVALORS HATTOT GONVALORS (Lost)  DEATH NOT 15, 1977 (YEAR)  DECEASED (Fyes or Initi)  GEORGE (Lost)  DECEASED (Fyes or Initi)  DECEASED (Fyes or Init)  DECEASED (Fyes or Init			Tar		WK5.				hal	
3. NAME OF DECEASED (First) (Widdle) (Lest) 4. DATE (Month) (Day) (Year) DECEASED (First) (Widdle) (Lest) 3. DATE (Month) (Day) (Year) (Proc. philo) (Proc.			3 0 3				(1)	na give locenc	eti (	1
DECEASED (Type or Print)  GEORge Frederick Bengelsdorf DEATH Nov. 15, 1956  5. SEX 6. COLOR OR FACE FACE FACE FACE FACE FACE FACE FACE		nation	d Convar			(1		(1)		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, MIDOWED, DIVONCED, (Specify il dowed Oct. 17, 1878 9. AGE last birth day Months Days Moura I Moura	DECEASE	D		(unages)		(casi)	OF		(Day)	(Tear)
male white (specify idowed Oct.17,1878 77 yr. Months Days Hour   10s. USDA OccUPATION (Giva kind of work of working life, even if resoft windowed one design most of working life, even if resoft windowed in the kind of working life, even if resoft working life, even if the kind of working life, even if resoft working life, even if the kind of working life, even if the kind of working life, even if the kind of working life life, kind life life, kind of working life life, kind of working life life, kind of working life life		Gent. Ke								
Day white (Specify ind owed Oct. 17. 1878 77 yr.   Day   Day	5. SEX		WIDOWED	. DIVORCED.	8. DATE C	F BIRTH	9. AGE last birth	-		IF UNDER 24 I
10a. USUAL OCCUPATION (Give kind of work does during most of weighting life, even if relief of perpetter  12. FATHER'S NAME  Charles Bengelsdorf  13. FATHER'S NAME  Charles Bengelsdorf  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEQURITY NO.  219-16-9741  17. INFORMANI & ADDRESS  ANIECDRIN CAUSE (A)  ANIECDRIN CAUSE (A)  ANIECDRIN CAUSE (A)  CEREBRAL HEMOGRAHAGE (Massive)  ANIECDRIN CAUSE (A)  CONTINON, E ANY.  GIVEN OR STATING UNDERLYING  TO THE DATH BUT NOT RELATED TO THE  DISEASES OR CONDITIONS CONTREUTING  TO THE DATH BUT NOT RELATED TO THE  DISEASES OR CONDITIONS CONTREUTING  TO THE DATH BUT NOT RELATED TO THE  DISEASES OR CONDITIONS CONTREUTING  TO THE DATH BUT NOT RELATED TO THE  DISEASES OR CONDITIONS OF ANY.  GIVEN OR STATING UNDERLYING  TO THE DATH BUT NOT RELATED TO THE  DISEASES OR CONDITIONS CONTREUTING  TO THE DATH BUT NOT RELATED TO THE  DISEASES OR CONDITIONS OF ANY.  GIVEN OR STATING UNDERLYING  TO THE DATH BUT NOT RELATED TO THE  DISEASES OR CONDITIONS OF ANY.  GIVEN OR STATING UNDERLYING  TO THE DATH BUT NOT RELATED TO THE  DISEASES OR CONDITIONS OF ANY.  GIVEN OR STATE OF THE AROYS CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTREUTING  TO THE DATH BUT NOT RELATED TO THE  DISEASE OR CONDITIONS OF ANY.  (B)  CONTROLLING  CONDITIONS OF ANY.  (B)  Chr. HYDERTENSIVE CARTIFICATION   20. AUTOPSY?  YES NO [III  210. AUTOPSY?  YES NO [III  210. AUTOPSY?  YES NO [III  211. HOW DID INJURY OCCUR? (City or town) (County) (Steil)  While  While  ADDRESS (Street, city, town, steile)  DATE SIGN  THE TOTAL CONTRINCTION (City, town, or county)  DATE THEREOF  NAME ORCEMETERY OR CREMATORY  AND FORTH THEREOF  NAME ORCEMETERY OR CREMATORY  AND FORTH THEREOF  NAME ORCEMETERY OR CREMATORY  LOCATION (City, town, or county)  Street  ADDRESS (Street, city, town, steile)  DATE SIGN  TO THE AROYAL (SPECIFY)  BUT 121  11/17/55  Trinity Luthberen  JODDR HERTORD.  Md.  3. CORRESINGS  12. CHIEF OF WHAT  12. MINERAL REPORTS  13. MEDICAL CREMATORY  LOCATION (City, town, or county)  STREET OR THE TOTAL MEDI	male	white	(Specify)	idowed	Oct.1	7.1878	77		s Days	Hours M
13. FAHRE'S NAME	10a. USUAL OCC	UPATION (Give kind of	work   10b.	KIND OF BUSINE			foreign country)			
Charles Bengelsdorf  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  219-16-9741  17. INFORMANT & ADDRESS  (A. CEREBRAL HEMORRHAGE)  ANIECEDENT CAUSE (S)  ANIECEDENT CAUSE (S)  DUE TO  DISEASES OR CONDITIONS, IF ANY.  GIVING BISE TO THE ABOVE CAUSE DUE TO  STATING UNDERLYING CAUSE LAST.  (C)  17. INFORMANT & ADDRESS  (A)  CEREBRAL HEMORRHAGE (Massive)  P.  ANIECEDENT CAUSE(S)  ONE TO  DISEASES OR CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASES OR CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASES OR CONDITION CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITIONS CONTRIBUTION  TO THE PACK THE TOT THE THE TOT THE  TO THE TOT TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITIONS CONTRIBUTION  TO THE PACK THE TOT TO THE  DISEASE OR CONDITIONS CONTRIBUTION  TO THE TOT TO THE TOT TO THE  D	retired)Car	penter			ruction	Harford (	in. Md.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 219=16-9741  17. INFORMANT & ADDRESS  Harry Dangelsdorf, Edgewood, Md.  10 ISSASES OR CONDITIONS DIRECTLY LEADING TO DEATH  18. MEDICAL CERTIFICATION  NITERVAL SETWEE ONSET AND DEAT  19. ANTECEDENT CAUSE(S)  DUE TO DISSASES OR CONDITIONS, IF ANY. (B) Chr. Hypertensive Cardio—Vascullar Disease STATING UNDERLYING CAUSE LAST. (C)  10 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH HOT RELATED TO THE DEATH HOT RELATED TO THE PROPERTY OF INJURY street, office bldg., etc.)  19. DATE OF OPERATION  19. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING TO THE MAJOR FINDINGS OF OPERATION  22a. AUCIDENT WAS UNDERLYING OF INJURY street, office bldg., etc.)  10 INJURY OCCURRED While How Injury (Month) (Day) (Year) (How) As twock all work all works										7.0000
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  219=16-9741  17. INFORMANT & ADDRESS  Harry Dangelsdorf, Edgewood, Md.  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  18. MEDICAL CERTIFICATION  19. MAREDIATE CAUSE  (A) CEREBRAL HEMCRRHAGE (Massive)  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY,  (B) Chr. Hypertensive Cardio-Vascullar Disease  STATING UNDERLYING CAUSE LAST,  (C)  11. OTHER SIGNIFICANT CONDITIONS DIRECTLY LEADING TO DEATH  19. DATE OF OPERATION  19. MAJOR FINDINGS OF OPERATION  20. AULOPSY?  YES NO  21c. WHERE DID INJURY OCCUR? (City or town)  (County) (Stelle)  22. I hereby cartify that I attended the deceased from Nov.  23. BURAL, CREMATION,  REMAOVAL (SPECIFY)  MALE OF OPERATION,  DATE THEREOF  NAME OACEMETERY OR CREMATORY  NAME OACEMETERY OR CREMATORY  BUILT 11  11/17/55  CITITITY LULEBERRY  LOCATION (City, town, stella)  DATE SIGNATURE  JODDA, Harford,  Md.  11/17/55  Trinity Lutberan  16. SOCIAL SECURITY NO.  219-16-9741  Harry Dangelsdorf, Edgewood,  MIG. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  HARRY Dangelsdorf,  18. MEDICAL CERTIFICATION  NITRYAL SETWEE ONSET AND DEATH ONSET A	C	harles Ben	gelsdorf			Flize	hath Baker			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  18. MEDICAL CERTIFICATION  19. MATECEDERIC CAUSE  ANTECEDERIC CAUSE  ONSET AND DEATH  ONSE				16. SOCIAL SEC	CURITY NO.					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  18. MEDICAL CERTIFICATION  19. MATECEDERIC CAUSE  ANTECEDERIC CAUSE  ONSET AND DEATH  ONSE	(Yas, no, or unk.)	(If Yes, give wer or	dates of service)	210-16	-0741	Hanny de	trobal same	Transma	- A M	a
ONSET AND DEATH  IMMEDIATE CAUSE (A) CEREBRAL HEMCRRHAGE (Massive)  ONSET AND DEATH  ONSET AND DEATH  (A) CEREBRAL HEMCRRHAGE (Massive)  ONSET AND DEATH  (B) Chr. Hypertensive Cardio—Vascular Disease  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION COUNTRIBUTING OF LAUSE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO  (Siete)  21c. WHERE DID INJURY OCCUR? (City or town) (County) (Siete)  While OF INJURY STREEL, define, farm, factory, OF INJURY STREEL, defice bidg., etc.)  22c. I hereby certify that I attended the deceased from NOV. 8 and that death occurred at 8.2 Country.  ADDRESS (Street, city, town, steta)  DATE SIGNATURE  32d. BURAL, CREMATION, REMOYAL (SPECIFY)  DATE THEREOF NAME OCCURETORY CREMATORY  NAME OCCUMENTARY  NAME OCCUMENTARY  NAME OCCUMENTARY  NAME OCCUMENTARY  LOCATION (City, town, steta)  DATE SIGNATURE  JODDA, Harford, Md.							ingerprort,	Takour	-	
ANTECEDENT CAUSE (S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESTANCE T	I DISEASES OR	CONDITIONS DIRECTLY	LEADING TO DEA	ATH	DICKE CAN	TIFICATION				
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION  210. MAJOR FINDINGS OF OPERATION  211. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY Streed, office bidg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINER)  210. THE OF INJURY (Month) (Day) (Year) (Hour) While at work all work all work all work all work all work all work.  211. ACCIDENT WAS UNDERLYING OF INJURY (Month) (Day) (Year) (Hour) While at work all work all work all work all work.  212. I hereby certify that I attended the deceased from Nove all work.  213. BURIAL, CREMATION, REMOVAL (SPECIFY)  DATE THEREOF NAME OACEMETERY OR CREMATORY  NAME OACEMETERY OR CREMATORY  DATE THEREOF NAME OACEMETERY OR CREMATORY  LOCATION (City, town, stela)  DATE SIGN  NAME OACEMETERY OR CREMATORY  LOCATION (City, town, or county)  Sign REMOVAL (SPECIFY)  Burial  11/17/55  Trinity Luthberan  DISPACE  ADDRESS (Street, city, town, or county)  Total Thereof.  NAME OACEMETERY OR CREMATORY  LOCATION (City, town, or county)  LOCATION (City, town, or county)  LOCATION (City, town, or county)  Burial	443 XW	AMEDIATE CAUSE	(A) CE	REBRAL HI	EMORRHAI	M (Massive)			?	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE GIVING RISE TO THE ABOVE CAUSE UP TO (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  199. DATE OF OPERATION 195. MAJOR FINDINGS OF OPERATION 210. ACCIDENT WAS UNDERLYING 211. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bidg., etc.) (FETHER, NOTIFY MEDICAL EXAMINER) 210. THE OF INJURY (Month) (Day) (Year) (Hour) Mile Not while at work at work 110. DATE OF OPERATION NOV. 150. That I last saw the deceased live on NOV. 150. That I last saw the deceased alive on NOV. 150. That I last saw the deceased live on NOV. 150. The NOV. 150										
STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION  20. AUTOPSY? YES NO  21a. ACCIDENT WAS UNDERLYING OF INJURY street, office bidg., etc.)  OF INJURY street, office bidg., etc.)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  While Not while at work at			(B) C	hr Hyper	ctensiv	Cardio-Vas	cular Disea	lse		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21a. ACCIDENT WAS UNDERLYING OF LAUSE OF DEATH OF INJURY street, office bidg., etc.) CF EITHER, NOTIFY MEDICAL EXAMINER 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While al work alwork alwo	STATING UNDER	LYING CAUSE LAST,	DUE TO							
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY? YES   NO   21a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bidg., etc.)   21c. WHERE DID INJURY OCCUR? (City or town)   (County)   (Stete)   21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   21a. INJURY OCCURRED While alwork   21f. HOW DID INJURY OCCUR?  While Not while alwork   21f. HOW DID INJURY OCCUR? Where DID INJURY OCCUR? While   21f. HOW DID INJURY OCCUR?  While   21f. HOW DID INJURY OCCUR?  While   21f. HOW DID INJURY OCCUR?  While   21f. HOW DID INJURY OCCUR?  While   21f. HOW DID INJURY OCCUR?  While   21f. HOW DID INJURY OCCUR?  While   21f. HOW DID INJURY OCCUR?  While   21f. HOW DID INJURY OCCUR?  While   21f. HOW DID INJURY OCCUR?  While   21f. HOW DID INJURY OCCUR?  While   21f. HOW DID INJURY OCCUR?  While   21f. HOW DID INJURY OCCUR?  While   21f. HOW DID INJURY OCCUR?  While   21f. HOW DID INJURY OCCUR?  While   21f. H	THE CALLED CLOSED	CANE COMMITTEE CO								
19. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  21d. TIME OF INJURY OCCUR?  21d. TIME OF INJURY OCCUR?  21d. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f. HOW DID INJURY OCCUR?	TO THE DEATH	BUT NOT RELATED TO	THE							
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While At work all work										
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., etc.)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   21a. INJURY OCCURRED While At work   31 work   31 work   31 work   31 work   31 work   31 work   32 work   32 work   33 work   34	IYO. DATE OF OI	PERATION 19	D. MAJOK FINDI	NGS OF OPERATIO	IN					come out-
OR CONTRIBUTING CAUSE OF DEATH  OF INJURY street, office bidg., etc.)  (If EITHER, NOTIFY MEDICAL EXAMINER)  OF INJURY street, office bidg., etc.)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While at work all work all work as work as well as saw the deceased from NOV.  22. I hereby certify that I attended the deceased from NOV.  A poly of the causes and on the date stated above.  ADDRESS (Street, city, town, stella)  DATE SIGNATURE  ADDRESS (Street, city, town, or county)  ADDRESS (Street, city, town, or county)  NAME OF CEMETERY OR CREMATORY  BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial  JODDA Harford, Md.	21a. ACCIDENT Y	WAS UNDERLYING	216. PLACE (	Home, farm, facto	ry, 2	Ic. WHERE DID INJURY O	CCUR? (City or town)	IC		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While Not while Not while alwork 21f. HOW DID INJURY OCCUR?  While Not while 21f. HOW DID INJURY OCCUR?  Who I See State 21f. HOW DID INJURY OCCUR?  Who I See State 21f. HOW DID INJURY OCCUR?  While Not while 21f. HOW DID INJURY OCCUR?  While Not while 21f. HOW DID INJURY OCCUR?  Who I See State 21f. HOW DID INJURY OCCUR?  Who I See State 21f. HOW DID INJURY OCCUR?  Who I See State 21f. HOW DID INJURY OCCUR?  Who I See State 21f. HOW DID INJURY OCCUR?  Who I See State 21f. HOW DID INJURY OCCUR?  Who I See State 21f. HOW DID INJURY OCCUR?  While Not while 21f. HOW DID INJURY OCCUR?  Who I See State 21f. HOW DID INJURY OCCUR?  Who I See State 21f. HOW DID INJURY OCCUR?  Who I See State 21f. HOW DID INJURY OCCUR?  Who I See State 21f. HOW DID INJURY OCCUR?  Who I See State 21f. HOW DID INJURY OCCUR?  Who I See State 21f. HOW DID INJURY OCCUR?  Who I See State 21f. HOW DID INJURY OCCUR?  Who I See State 21f. HOW DID INJURY OCCUR?  Who I See State 21f. HOW DID INJURY OCCUR?  Who I See State 21f. HOW DID INJURY OCCUR?  Who I See State 21f. HOW DID INJURY OCCUR?  Who I See State 21f. HOW DID INJURY OCCUR?  Who I See State 21f. HOW DID INJURY OCCUR?  INJURY OCCUR?  Who I See State 21f. HOW DID INJURY OCCUR?  INJURY OCCUR?  Who I See State 21f. HOW DID INJURY OCCUR?  INJURY OCCUR?  Who I See State 21f. HOW DID INJURY OCCUR?  INJURY OCCUR?  Who I See State 21f. HOW DID INJURY OCCUR?  INJURY OCCUR?  INJURY OCCUR?  INJURY OCCUR?  Who I See State 21f. HOW DID INJURY OCCUR?  I	OR CONTRIBUTING	G CAUSE OF DEATH	OF INJURY str	eel, office bldg., et	c.)			,-	,	
22. I hereby certify that I attended the deceased from Nov. 8, 19.55, to Nov. 15, that I last saw the deceased live on Nov. 15, 19.55, and that death occurred at 8.30 M, from the causes and on the date stated above.  SIGNATURE  ADDRESS (Street, city, town, stela)  DATE SIGNATURE  PART OF CHARTON, REMOVAL (SPECIFY)  REMOVAL (SPECIFY)  Burial  JODDA: Harford, Md.			(Year) (Hour)			21f. HOW DID INJURY O	CCUR?			
alive on Nov. 19.55, and that death occurred at 8.36. M, from the causes and on the date stated above.  ADDRESS (Street, city, town, stela)  DATE SIGNATURE  ADDRESS (Street, city, town, stela)  DATE SIGNATURE  ADDRESS (Street, city, town, or county)  NAME ON CEMETERY OR CREMATORY  REMOVAL (SPECIFY)  Burial  JODA: Harford, Md.			M.							
alive on Nov. 19 19 25 and that death occurred at 8.30 M, from the causes and on the date stated above.  ADDRESS (Street, city, town, stells)  DATE SIGNATURE  ADDRESS (Street, city, town, stells)  DATE SIGNATURE  11 17 55 Trinity Lutheran  Joppa Harford, Md.	22. I harab	v cartify that I :	attended the d	ecessed from I	Vov. 8.	10 55 to N	ov. 15 18	5	h I Institut	. 41
SIGNATURE  DATE SIGNATURE  P. Sudday M.D. Forest HILL, Md.  23. BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial  11/17/55  Trinity Luthbran  Joppa, Harford, Md.	alive on	Nov. 15	10 55	and that double		O and the form of	L	41 1 1 1 1	1 1921 294	A the decess
Burial Date Thereof Name Occumentary Luckation (City, town, or county)  Name Occumentary Committee Committ			17.5.5	and mar deam	occurred at	அதுஸ். irom ri	ne causes and on DDRESS (Street, cit	rine date sti	vode bete	8. DATE SIGN
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial  11/17/55  Prinity Lutheran  Joppa, Harford, Md.	181,00	Jana A	N.	diama	un Fo			,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Minte
Burial 11/17/55 Frinity Lutheran Joppa, Harford, Md.	23. BURIAL, CRE		TE THEREOF	NAME ON				r. town, or cou	intyl	State:
	REMOVAL (S	SPECIFY)	130/55							(0)010)
25. PUNERAL DIRECTOR'S SIGNATURE ADDRESS				wrinit	y Luth	ren	Joppa	, Harfe	ord,	Md.
doward K. Mc, Conas & Son, Abingdon, Ma.			0		-	Howard K.	Mc Comas	& 80n.	Abingd	on.Md

MANY CAND STATE DEPARTMENT OF HEALTY CHARTEROOS, 12 MANAGER THEICATE OF DEATH The state of the s I BUT AND THE TAX AND THE at the state of th BUREAU V. S. The state of the s and the property of the state o \$361 BT NON

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1898 CERTIFICATE OF Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE, (HOME) OF DECEASED: legibly. STATE MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)

TOWN (If outside corporate limits, write RURAL and give nearest town) CITY carefully. OR TOWN and HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS \* STREET ADDRESS clearly information 3. NAME OF 4. DATE (Middle) OF DECEASED: (Type or Print) DEATH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. death 8. DATE OF 5. SEX: 6. COLOR OR SINGLE, MARRIED. WIDOWED, DIVORCED RACE: Month: Days Hours (Specify): οť 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION. Give kind of 10b, KIND OF BUSINESS OR LACE (State or foreign country): work done during most of working life, INDUSTRY: item even if retired): causes 17. POPORMAT WAS DECEASED EVER IN U.S. ABMED FORCES? | 16. SOCIAL SECURITY NO.: (Yes, no, or unk.) | (If Yes, give war or dates of Supply write th service) MEDICAL CERTIFICATION Interval 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause DUE TO Antecedent causes (s) Physicians: Diseases or conditions, if any, (b) glving rise to the above cause stating the underlying cause last. DUE TO UNE (c) H. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PLAINLY, WITH important 20. AUTOPSY ? 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes North (COUNTY) (STATE) 21. ACCIDENT PLACE (Home, farm, factory, street, (CITY OR TOWN) (Specify) office bldg., etc.) INJURY HOMICIDE (flour) INJURY OCCURED HOW DID INJURY OCCUR? pecially (Day) (Year) While at Not While INJURY Work [ At Work 🗌 to Mr 19 . 19 5 I that I last saw the deceased 22. I hereby certify that I attended the deceased from 5 from the causes and on the date stated above. alive on and that death occurred at SE WRIT DATE SIGNED BURIAL CREMATION NAME OF CEMETE LOCATION

5 A 11 011

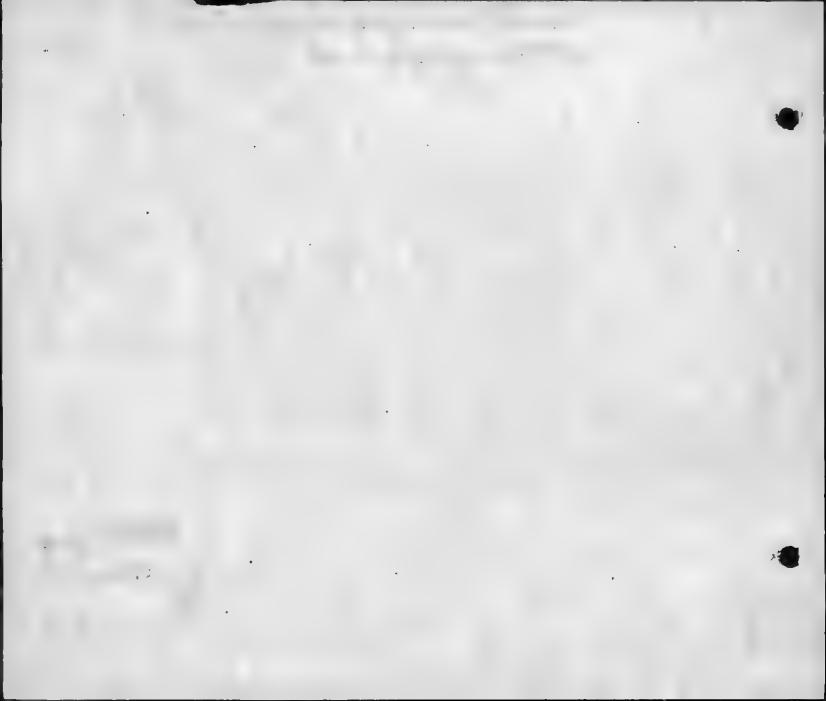
# ATTENDING PHYSICIAN OR MUSEITAL: The New requires that the death certificate be executed within The bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

24 hours after death.

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 10375 CERTIFICATE OF DEATH

	MARYLAND	STATE DEPARTA	AENT OF HEALTH	-BALTIMORE, 18	. 0.004
	10975	PTIPLEAT	F OF DE	A 711	10331
	10040CI	KIIFICA	TE OF DE	Reg. Dis	t. No. 4. 3 2
1. PLACE OF DI	EATH			PENCE (HOME) OF DECEASE	D
COUNTY A	artord	MARYLAND		effand COUNTY of	ford
OR mod gives o	corporate junits, write RURAL	LENGTH OF STAY (In this place)	OR 17	ofporeta fimils, write RURAL and give ne	etest town)
3 Trown B	1- aur	2442	o. TOWN D	el-Cur	32
HOSPITAL OR INSTITUTION OR STREET ADDRESS	203 arche	r Street	STREET ADDRESS 20	3 archer	Street
3. NAME OF DECEASED	(First)	(Middle)	(Lest)	4. DATE [Month]	(Day) (Year)
((Type or Print)	MOLLIE	E.	ROND	DEATH NOV.,	23 19 55
Female 6	neno (Specify)	Widewed 10	TE OF BIRTH 7-31-1869	86 yrs. Months	R 1 YEAR   IF UNDER 24 HRS.   Days   Hours   Min.
	of working life, even if	b. KIND OF BUSINESS OR INDUSTRY	Thatford	Co. Maryland	COUNTRY?
13. FATHER'S NAME	ili Par	+	14. MOTHER'S MAID	EN NAME	
15. WAS DECEASED E	VER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO	17 INFORMANT	& ADDRESS APPRIL	crear Street
	Yes, give wer or deles of service)	Security States	mrs. Ros	7/	
d pursuents on con-	OTIONS DIRECTLY LEADING TO D	18, MEDICAL	ERTIFICATION	1	INTERVAL BETWEEN ONSET AND DEATH
200	9 - 271	TASTATIC CARCI	TOWA OF LUNGS	•	18 mos.
7 - 7	DUI	MOINITO WHIST	0.A 0. Hc. 15		15 1105
DISEASES OR CONDIT GIVING RISE TO THE STATING UNDERLYING	IONS, IF ANY, (B) CA	RCINOMA OF RT.	BREAST (primar	ry sita)	5 yrs
	CONDITIONS CONTRIBUTING				
	NOT RELATED TO THE				}
19a, DATE OF OPERAT	ION   196. MAJOR FINE	INGS OF OPERATION	1 / 1 3		20. AUTOPSY?
June 195		(Home, farm, factory,	breast (simple	e amputation)  CCUR? (City or town) (Cou	YES NO V
OR CONTRIBUTING C	AUSE OF DEATH   OF INJURY 1	lreet, office bldg., etc.)		(44-	, , , , , , , , , , , , , , , , , , , ,
21d. TIME OF INJURY	(Month) (Dey) (Year) (Hour) M.	21e. INJURY OCCURRED While Not while at work et work	216. HOW DID INJURY OF	CCUR?	
22. I hereby co				V 23 1955 , that	
alive on NOV	• 23 <u>1955</u>	and that death occurred	at 5:30	e causes and on the date stat	ed above.
BIGNATURE	d P. Huge		Forest Hill.	DDRESS (Street, city, town, stele)	DATE SIGNED
23. BURIAL, CREMATIO	ON, DATE THEREOF	NAME OF CEMETERY		LOCATION (City, town, or count	y) (State)
Buria	E. 11-27.	55 Fairve	w Cemetery	Tarvew.	md.
24, REC'D BY REGISTR	AR REGISTRAR'S SIGN	ATURE P	25. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS C/ Ze
DATE 11-26.	55 Preverl	La tomorra	Eteled	J. Eullou 9V	anele tracy



TO FUNETAL DIMETTOR The law requires the the death certificate be filed with the registrar within 72 hours after death.

certificate has been executed by the attending thysician and committed in by the functal lireutor, the third committed the certificate assumbly should be detached for the standard frametic permit.

The bottom comy may be setained by the hospiel at attending paysician.

A15C 1-55 10M

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After this By of this

CIII

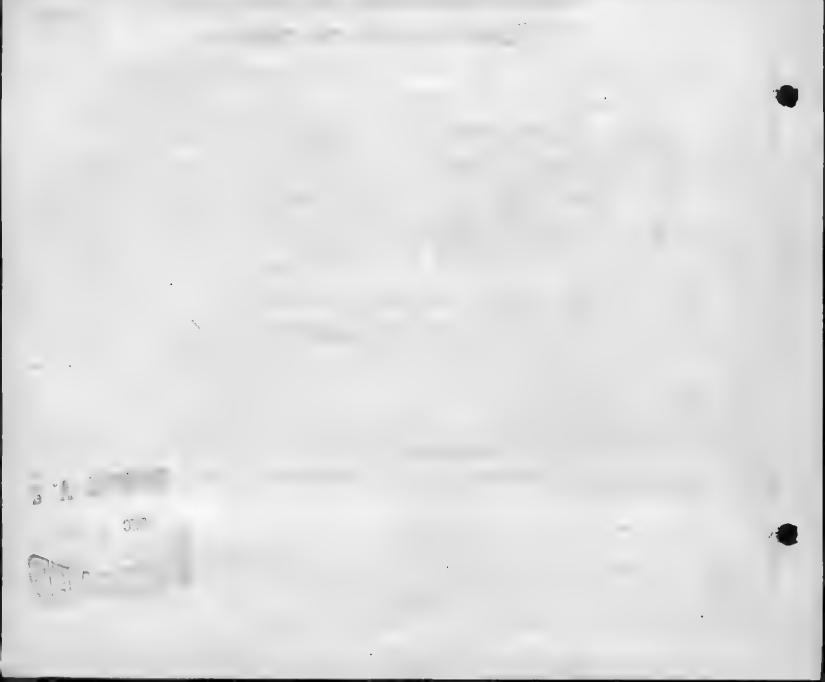
hours after death,

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 19976CEDTIELCATE

10882

CERTIFICATE	OF DEATH
Item 13, F31mG190 12-13-55 e t	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY HORE FOR & MARYLAND	STATE MARYLOWAL COUNTY GOOD
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and pive nearest town)
OR and give naerest town)  OR TOWN Line RD de-GRAPO 4 MANThe	TOWN PORT DO DA SITE TY
HOSPITAL OR	STREET (Ill Jural give location)
7 INSTITUTION OR HOP FOR MOMENT HESPITAL	ADDRESS (1)   M. II   I
3. NAME OF (First) (Muddle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Pats 4- Pas QUALE BE	OF OF DEATH // 7/ 1-1-
	F BIRTH 9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male White Specify ) roneed?	- 1873 72 yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
rethod Retined Retined	Talu Italy
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wominiek Dosco	Tersse Chil-loLINI.
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yas, no, or unk.) (If Yas, give war or dates of service)	17. INFORMANT & ADDRESS
(1 tas, 110, or unk.) (if tas, give war or dates of service)	te sital pelevais
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
141 X IMMEDIATE CAUSE (A) L'au Per- To	ugae = hitastis 340.
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST, DUE TO	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
OL ACCIDENT MAR INDEPENDING FOR AN OLDER	YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	tc. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d, TIME OF INJURY (Month) (Day) (Year) [Hour) 21e. INJURY OCCURRED White Not white	21f. HOW DID INJURY OCCUR?
M. al work at work	
22. I hereby certify that I attended the deceased from Down	1922, to 1-26, 1925, that I last saw the deceased
alive on 1/2 alive on 19.50 and that death occurred at.	M, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city, town, state) DATE SIGNED
M. D.  23 SURIAL, CREMATION,   DATE THERLOF   NAME OF CEMETERY OR	12 -1 10. fre s. f Cicil heaf 11-27-53
23. EURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
24. REC'D BY REGISTRAR REGISTRAR'S/SIGNATURE	- Stipple chara, I Ma
The 29 14 of the 19 of the	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE / 60 1-1100 cl. A News M. W.	Monde drace My



10883

# 1999 CERTIFICATE OF DEATH

Reg. Dist. No.

	a. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY MARYLAND	STATE MA COUNTY HARFORD
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nagrest fown)  (in this place)	CITY (If outside corporate limits, write RURAL and give neerest town)
OR and give neerest town (in this place) TOWN PURAL HAVREDEGRACE LIFE	TOWN RORAL HAVRE DE GRACE
HOSPITAL OR	STREET (If rura) give (ocation)
INSTITUTION OR  TA STREET ADDRESS	ADDRESS
77441-	HORIE
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Monih) (Day) (Yeer)
(Type or Print) / LEXANDER /HEADORE	SRADFORD DEATH NOV. 25, 1955
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE (	OF BIRTH 9. AGE lost birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS.
MALE WHITE (Specify) MARRIED AUG	. 9,1882 73 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, evan II OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
relied) FARMER TENNANT TARMER	MD. COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GEOW ROMARORD	Pice towns
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 16 SOCIAL SECURITY NO	1103E FRENCH
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  [Yas, no, or unk.] (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS
	MRS-DEBORA B. BRADFORD
E DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION HEALE INTERVAL BETWEEN
	O PO DO ONSET AND DEATH
18/X IMMEDIATE CAUSE (A) Brown	of Dearder 147
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST, DUE TO	>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	H
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.  198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	
175. MAJOK PINDINGS OF OPERATION	20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING   21b PLACE (Homa, farm, factory,	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.)	(Side)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	21. HOW DID INJURY OCCUR?
M. at work at work	
	1 01 110000 66
22. I hereby certify that I attended the deceased from A O.V.	19 St., to NOY 25, 19 SS., that I last saw the deceased
alive on MC 19.5. 19, and that death occurred at	1
CHIGHATURE 11 10 O	ADDRESS (Street, city, lown, steta) DATE SIGNED
Letty Hullin hu M.O.	Nachustan mr 11/26/15
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (Sate)
BURIAL NOV. 28 55 WESLEV	AN CHAPEL HARFORD MD.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
2 That 2 th 2 th	RYLL MITTELL HOUSE COME
DATE/UY, 28, Bulher 10, Mugus	"" MEGISTALIFICACE TAYPEDEGRACE

TALIFE ?D PLOPAL HAS LEDEVINEE LIFE

ROBAL THINE DE WALL

Q, or hit

U. S A.

GEC W BRANFLED

FLEXANDER THADURE BRINGFORD

WATE WAIT HARES ALL " 582 75

FARMER TERWART GRAER MID.

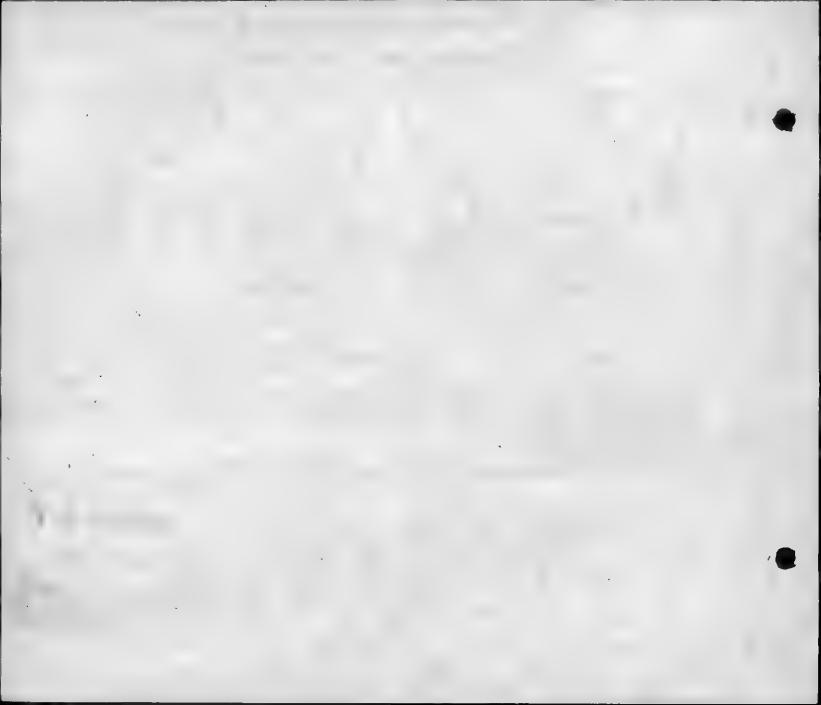
M = W = 1 1 30

. 3. DEBONA B. BRADFORD

DEC 2

4-42835 WESLEY 44 Corn

A where it has rated this

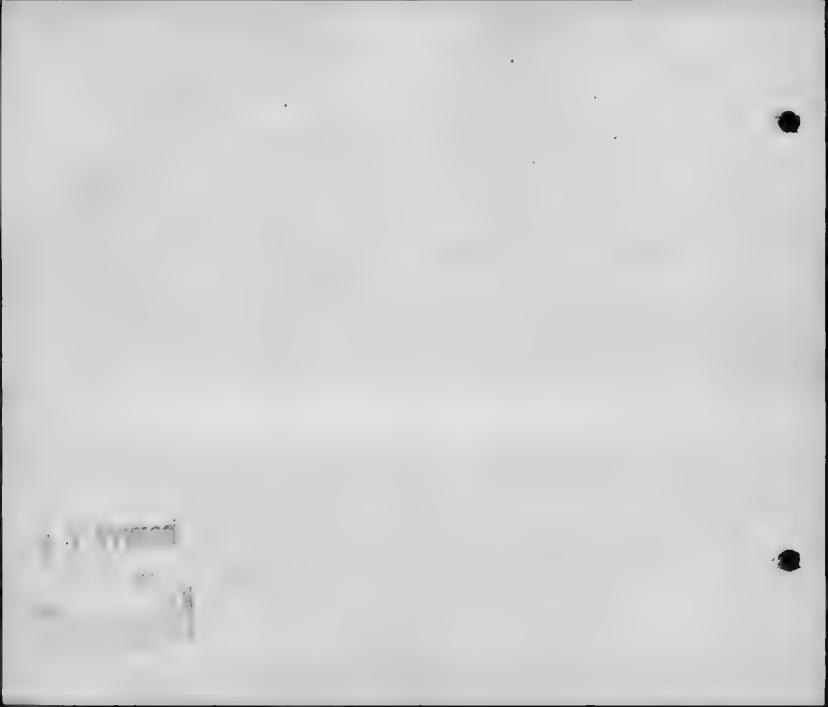


ct	MARYLAND STATE DEPARTMENT OF MEAUTH—BALTIMORE, 18	Regi <sup>o</sup> Disti O
orre	MEDICAL EXAMÍNER'S CÉRTIFICATE OF DEATH	No. 185
e c	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
The ly.	COUNTY Cocil Hay Land MARYLAND STATE Pa. COUNTY	
carefully.	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) Port Leosit D. O. A. TOWN Philadelphia	give nearest town)
are nd	HOSPITAL OR (If rural, give location)	
28	STREET ADDRESS Webster's Tavern ADDRESS North Dover Street	
tio	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) DECEASED: OF	(Year)
ma	(Type or Print) CLAUDE ROOSEVELT BRYANT DEATH 11 29	19 55
intor	5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, (Specify): Mark 12/18/05 9. AGE last birthday: Wonths Day	
y every item of information the causes of death clearly	10a. USUAL OCCUPATION (Give kind of 1 10b. KIND OF BUSINESS OR 1 11. BIRTHPLACE (State or foreign country): 1 12.	CITIZEN OF WILAT
ite	13. FATHER'S NAME:   14. MOTHER'S MAIDEN NAME:	3 /4
cau	Mm. C. Burant anni Marca	
Supply every	15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of No. 62 144 2/44 2/44 2/44 2/44 2/44 2/44 2/44	Est.
up rrit	18. MEDICAL CERTIFICATION	
: 0	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
NN	Immediate cause (a) Stab wound of heart	
JINK.	MUKEUN	
N. S.	Antecedent cause(s)  Diseases or conditions, if any, (b) Massive pericardial hemorrhage	
<u>O'ii</u>	giving rise to the above cause DUE TO	· · · · ·
IF.A	stating underlying cause last (c)	
UNFADING Physicians:	11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
田田	DISEASE OR CONDITION CAUSING DEATH	
T'Est.	178. DATE OF GERATION: 170. MAJOR FINDING OF OPERATION:	28. AUTOPSY? Yes 🏋 No 🗀
i po	21a. EXTERNAL CAUSE WAS   21b. PLACE (Home, farm, factory,   21c. (City or town) (County)	(State)
Z.ii	PRIMARY & or CONTRIBUTING OF Street, office bldg., etc., Port Deposit Cecil	Maryland
NA.	2id. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	tion.
LA	INJURY 11/29/55 0:15 PM., work at work 1 Stabled with 100 pick during	
Spe 3	22. I hereby certify that I took charge of the remains described above, held an Autopsy A, Inspection [],	Inquiry [], and
TE s	find that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undeter SIGNATURE /	mined cause
WRITE PLAINLY, WITH ge is especially important.	M. D. ASSISTANT MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	11/30/55
- 6	23. BURIAL, CREMATION, DATE THEREOF ( NAME OF CEMETERY OR CREMATORY   LOCATION ACRY, town, or con	inty) (State)
PLEASE	History at 18 pectify 11/3 c/37 - ins. mm Stilladelphin	J'a
国	DATE RECD BY LOCAL REGISTRAR'S SIGNATURE 24 YUNERAL DIRECTOR	ADDRESS
PI	REG. TIEU. 30-55 G. X Kewis Th A Jomes E. Jary The	20

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

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ours after death.

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 10379 CERTIFICATE OF DEATH

	MARYLA	ND STATE DEPART	MENT OF HEALTH-	BALTIMORE, 18	
	10979	PEDTIELCA	TE OF DEA	TH	10886
	10000	ERIFICA	IE OF DEA		Dist. No. / 85
1. PLACE OF	DEATH		2. USUAL RESIDE	NCE (HOME) OF DECE	SED
COUNTY	ARFORD	MARYLAND	STATE MO.	COUNTY H	AREARD
OR end give	de corporate limits, write RURAL e neerest town)	LENGTH OF STAY (in this place)	OR //	oreta limits, write RURAL and gly	a neerest town)
2. Town HA	VIREGEGR	ACE 30 920.	TOWN HA	URE DE G	RACE
HOSPITAL OR INSTITUTION O	JUNITA.	ST.	STREET ADDRESS TU	(It rurel give toca	tion)
3. NAME OF	(First)	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Year)
(Typa or Print)	ALBERT	C	RPENTER	DEATH NOV	23 ,55
5. SEX	RACE WID	OWED, DIVORCED,	ATE OF BIRTH	9. AGE lest birthdey IF U	NDER 1 YEAR   IF UNDER 24 HRS.
MALE	7-11-11	CITY MASSIEP 7	EB.27, 1880	/S yrs.	
done during me	ATION (Give kind of work of working life, even if	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT
13, FATHER'S NAM	Laterer		14. MOTHER'S MAIDEN	NAME	us.A.
	Tronk.		Tm.	6.	
15. WAS DECEASED			D. 17. INFORMANT &	ADDRESS	<u></u>
(Yes, no, or unk.)	(II Yes, give wer or detes of serv	100) 219-07-	2584 ELSIE	MAY CARPI	ENTER
I DISEASES OR CO	ONDITIONS DIRECTLY LEADING T	O DEATH	CERTIFICATION /T	VRE DE GRAC	E MARENAL BETWEEN
420.1 IMM	EDIATE CAUSE (A)	Kulmuny	OEdenia -		1 day
	CEDENT CAUSE(S) DUE TO	Marinan 8	A Blue Sha		Day.
DISEASES OR CON GIVING RISE TO TO STATING UNDERLYI	HE ABOVE CAUSE	Country of	remover-		1009-
	(C)	Myseordeal	sisease C hi	meilmole -	5 years,
TO THE DEATH BU	ANT CONDITIONS CONTRIBUTING UT NOT RELATED TO THE IDITION CAUSING DEATH.	Milutiol	como or/Hysle	Menson	10 years.
190, DATE OF OPER	ATION 196, MAJOR	FINDINGS OF OPERATION	V		20. AUTOPSY?
218. ACCIDENT WA	S UNDERLYING   216. PL	ACE (Hame, Jerm, Jectory,	21c. WHERE DID INJURY OCCU	R? (City or town)	(County) (Stele)
HE FITUED NICTIES AN	CAUSE OF DEATH   OF INJU	IRY street, office bidg., etc.)			
(IF EITHER, NOTIFY M 21d, TIME OF INJUR	TOTAL EXAMINER) OF INJU	our) 21e. INJURY OCCURRED While Not while	211. HOW DID INJURY OCCU	IR?	
21d. TIME OF INJUR	CAUSE OF DEATH OF INJU AEDICAL EXAMINER)  (Y (Month) (Day) (Year) (H	our) 21e. INJURY OCCURRED While Not while at work at work			
21d. TIME OF INJUR	GENTLIFY, that I attended 1	our) 21e. INJURY OCCURRED While Not while at work at work at work the deceased from	Inal 4 1955 10 Me	Worle 23, 1953 th	at 1 last saw the deceased
21d, TIME OF INJUR	GENTLIFY THAT I attended I	our) 21e. INJURY OCCURRED While Not while at work at work	Track 4 1955 to Ma		stated above.
22. I hereby alive on his signature	CORTIFY that I attended I	while Not while st work and that death occurred the deceased from M.D.	Dal 4 195 10 Md at 9 3 UTM, from the of ADD	Courses and on the date of the state of the	stated above.  DATE SIGNED  - MAN 23.1
21d. TIME OF INJUR	CONTINUE TO STATE OF INJURIED	the deceased from and that death occurred M.D. M.D.	Dal 4 195 10 Md at 9 3 UTM, from the of ADD	Male 23, 1955, the causes and on the date	stated above.  DATE SIGNED  - MAN 23.1
22. I hereby- alive on SIGNATUL  21. BURIAL CREME REMOVAL [SPE	CORTIFY, that I attended to the cortify that I attended to the cortification to	while Not while st work and that death occurred the deceased from M.D.	Dal 4 195 10 Md at 9 3 UTM, from the of ADD	Causes and on the date of the state of the s	stated above.  DATE SIGNED  - MAN 23.1

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JURITA, ST

ALBERT MAPERTER NOT. 33 55

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# 10900 CERTIFICATE OF DEATH

10887

Reg. Dist. No. 180

1. PLACE OF DEATH	<del></del>	2. USUAL RESID	ENCE (HOME) OF DECEASE	D
COUNTY Harford	MARYLAND	STATE MR.	ryland county I	Harford
CITY (if outs'de corporete limits, write RURAL	LENGTH OF STAY	CITY (If outside co	rporate limits, write RURAL and give ne	
Y TOWN Bel Alr R.D.	lifetime	TOWN	Bel Air R.D.	<u> </u>
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(if rural give location)	1
3. NAME OF (Fust)	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)
(Type or Print) Roland	₩.	Cullum	DEATH NOV.	29 1965
RACE WID	OWED, DIVORCED,	ATE OF BIRTH 0.7, 1936	9. AGE fest birthdey IF UNDE Months	R 1 YEAR   1F UNDER 24 HRS   Days   Hours   Min.
10e. USUAL OCCUPATION (G ve kind of work done during most of working life, avan if retired)  10e. USUAL OCCUPATION (G ve kind of work not	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Siete or fo	oreign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME	
James W. Cullum		Edna M. 1	Elliott	
15. WAS DECEASED EYER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT & ADDRESS				
(Yes, no, or unk.) (If Yas, give war or dalas of sarv	none	James W.	Cullum, Bel Air,	R.D. 2 Md
Jan 197 00 00 10 10 10 10 10 10 10 10 10 10 10	18. MEDICAL	CERTIFICATION	-	INTERVAL BETWEEN
T' DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ONSET AND DEATH
50/X IMMEDIATE CAUSE (A)	Spartie Paragle	ages - have (2)		1944
ANTECEDENT CAUSE(S) DUE TO	April 10 thin	- bronditi.		10 days
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)		10000		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE D SEASE OR CONDITION CAUSING DEATH.	ascario infes	tation animed		years
194. DATE OF OPERATION 196. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
(2)	,			YES NO
	ACE (Home, farm, factory, JRY street, office bldg , etc.)	21c. WHERE DID INJURY OC	CUR? (City or town) (Cou	nty) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (H	our) 21e, INJURY OCCURRED While Not while M, et work	211. HOW DID INJURY OC	CUR?	
22. I hereby certify that I altended	the deceased from MCSV.	-12 , 19.55 , 10.7 W	7 2.7, 195.5, that I	last saw the deceased
alive on 127 1952	, and that death occurre	ed at H. Pr M, from the	causes and on the date state	ed above.
Their OH ordons	M, D,	C ARR	DRESS (Street, city, lown, stele)	//- 29-55
23. BURIAL, CREMATION, DATE THEREO			LOCATION (City, lown, or count	
Burial Dec.2.19	955 Calvary	etha dist	Calvary, Harfor	d. Md.
24. REC'D BY REGISTRAR REGISTRAR'S STATE OF THE DATE OF THE PROPERTY OF THE PR	SIGNATURE /	HOWELD K. MAG		Appress ingdon, Md.
DATE TOO TOO	, ,		I VI CUI VUETO VI	



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MEDICAL	EXAMINI	ER'S CE	RTHICATE	OF D.	EATH	No. /
I. PLACE OF DEATH:	1		2. USUAL RESIDENCE	(HOME) OF D	ECEASED:	,
COUNTY TO	Lord	MARYLAND	STATE /// d	COUNTY	gy ary	ord
CITY (If outside corporat OR and give nearest to TOWN	Ilmita, write RURAL	LENGTH OF STA	Y CITY (If outside co	rporate limits wr	ite RURAL and	ral x
HOSPITAL OR INSTITUTION OR STREET ADDRESS	eters Mui	ring Ho	STREET	(If rural,	give location)	1
NAME OF (FDECEASED: (Type or Print)	uella	(Middle) Cun	(Last) (N/Nghày	4. DATE (I OF DEATH /	Month) (Day	/2 19 5 5
Emplo Pro	OR 7. SINGLE, 1 WIDOWED (Specify):	MARRIED, 8. DA	ec 23, 1875	AGE last birthds		YEAR IF UNDER 24 HRS.
On. USUAL OCCUPATION  work done during of  even if retired);		KIND OF BUSINESS	or 11 BIRTHPLACE	State or foreign	country): 12.	COUNTRY?
3. FATHER'S NAME	non Cus	mingha	14. MOTHER'S MAJOI	EN NAME:	arba	rough
15. WAS DECEASED EVER IN I (Yes, no, or unk.) (If Yes, go service)	J.S. ABMED FORCES? 16.	SOCIAL SECURITY NO.:	17. INFORMANT & AD	DRESS:	tug)	her
. DISEASES OR CONDITIO	NS DIRECTLY LEAD		ICAL CERTIFICATION	arling	ton	AGATERVAL BETWEEN
Immediate cause	DUE TO	deriosa	Cerotic EV	areare		
Antecedent cause(s	)					
Diseases or conditions, i	fany, (b) cause DUE TO	**		•		
stating underlying caus						1
IL OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATED TO	THE		+ *1 *4+ +	* *4 *177 17	
19a. DATE OF OPERATION	1: 19b. MAJOR FIND	ING OF OPERATION				20. AUTOPSY?   Yes □ No ☑
21s. EXTERNAL CAUSE W PRIMARY Or CONTRIB CAUSE OF DEATH.	AS 21b. PLAC UTING D OF	CE (Home, farm, facto street, office bldg., e		(Co	unty)	(State)
2Id. TIME (Month) (Day) OF INJURY	(Year) (Hour) 21e.	INJURY OCCURRED While at Not while ork at work		URY OCCUR?		
22. I hereby certify th	at I took charge of	f the remains desc	ribed above, held an	Autopsy 🔲 , I	nspection 🗆	, Inquiry 🖫 , and
find that death res	ulted from: Natur	ral causes 🛱 , Ac	cident 📋 , Suicide 🖂	, Homicide [ MEDICAL EXAN		rmined cause   DATE SIGNED
Leveld (	2 Palma	-	DEPUTY	MEDICAL EXA	MINER -	11/15/55
23. BURIAL, CREMATION, REMOVAL (Specify):	nov, 15, 19	NAME OF CEMET	ery or crematory	Hay	ity, town, or co	5. Mg.
DATE REC'D BY EOCAL	REGISTRAN'S SIGN	Forword	24. LY NERAL DITE	Brei	len_	ADDRESS

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING



### 10880 CERTIFICATE OF DEATH

10889 Reg. Dist. No. 185

	A. OSOAL RESIDENCE (HOME) OF DECEASED
COUNTY +1012 /- 1012 17 . MARYLAND	STATE MARKET AN ACOUNTY HAR FORD
City (If outside corporate limits, write RURAL LENGTH OF STAY OR end give necrest town) (in this place)	CITY (If bulside, corporate limits, write RURAL and give nearest town)
TOWN HIZABO NO RODIO 40 MILL	TOWN Harne-do-Grace 2+
HOSPITAL OR	STREET (If rure) give location)
INSTITUTION OR STREET ADDRESS TO BE	ADDRESS THE TOTAL STATE OF THE
3. NAME OF (tret) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
To the state of th	OF ,
John Hon I	13 brow. DEATH // /3 19 53
RACE WIDOWED, DIVORCED.	F BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Doys Hours Min.
Mare While (Specify) Warried Jeht.	27.176 6 77/10 ts.
done during most of working life even iff	11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?
retired) RITON GROCER GROCERY	Md. US.A.
13. FATHER'S INAME	14 MOTHER'S MAIDEN NAME
1. SANFERD DISBROW	SARAHE. GRIFFITH
15. MAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes ho, or unk.) (If Yes, give wer or deles of service) 2// - 5-3/3/2	The MILVARILE DISTRAY
18. MEDICAL CER	TIFICATION MANDE OF GOADE AND INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
58/1/MMEDIATE CAUSE IA) Carialas. To	aller E.
ANTECEDENT CAUSE(S) DUE TO /	the litable in
DISEASES OR CONDITIONS, IF ANY, (8) CYCLOTULE MY AL	earlies attripped agretic
STATING UNDERLYING CAUSE LAST. DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	V
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH	
70. MAJOR PHONES OF OFERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, form, fectory, 2	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (Ste'e)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.]	
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
M. et work at work	
22. I hereby certify that I attended the deceased from Tillo	19,54, to // -/ 3, 19,00, that I last saw the deceased
alive on 1/3, 19.50, and that death occurred at.	/LUE V ~
SIGNATURE .	ADDRESS (Street, dty, town, stete) DATE SIGNED
( E - X 1 X YIMA NIV M.O. 7	11-13-50
23 BURIAL, CREMATION, - DATE THEREOF NAME OF CEMETERY OR ( REMOVAL (SPECIFY)	CREMATORY LOCATION (Qity, town, or county) (Sieta)
BURIAL 11-16-1955 CARELLY	ILL HAVRE DEGRACE MO
Z4. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE / AV-16-1955-6. L. Luis M. A.	P. MADISON MITCHELL MAREDEGIRALE
	THE PROPERTY OF STREET

cr je . The America H

PLACE OF DEATH

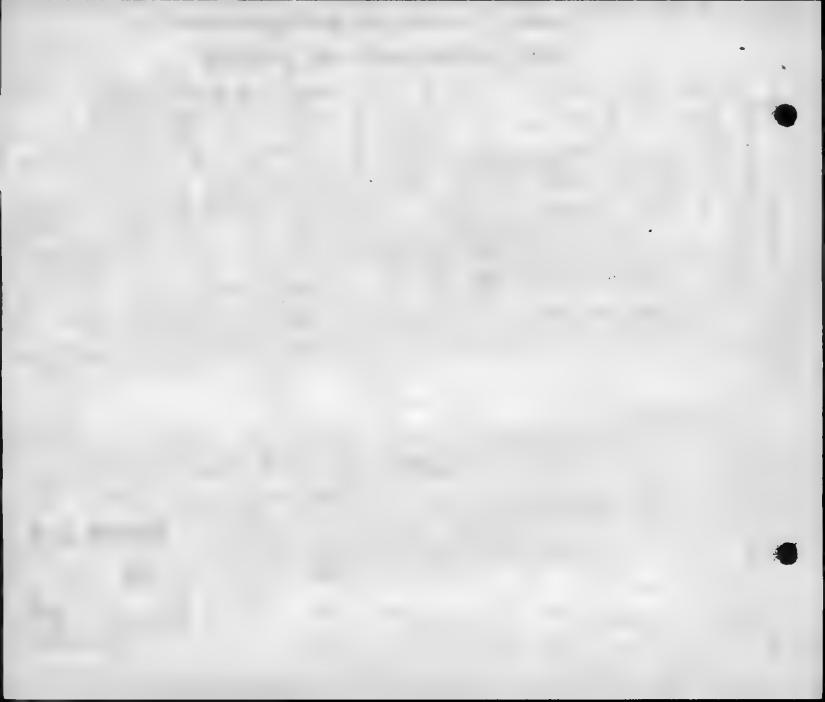
# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2. USUAL RESIDENCE (HOME) OF DECEASED

# 19902 CERTIFICATE OF DEATH

10890 Reg. Dist. No. ... / S /

COUNTY Hanford MARYLAND	STATE Maryland COUNTY Harf	ord	
CITY (Il outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this piece)	CITY (If outside corporate limits, write RURAL end give name OR	rest fown)	
X TOWN Aberdeen	town Aberdeen	31	
HOSPITAL OR US Army Hospital	STREET (If rural give location)	1	
STREET ADDRESS Aberdeen Proving Ground, I	di. ADDRESS 266 Paradise Road,	J	
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month)	(Day) (Year)	
(Type or Print) Harold Tiotz D	Suppstadt DEATH November	r 4 1955	
S. SEX 1 6. COLOR OR 1 7. SINGLE MARRIED 1 8. D	DATE OF BIRTH 9. AGE lest birthday   IF UNDER	17	
	2 August 1909 46 yrs. Months	Days Hours Min.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY US	11. BIRTHPLACE (State or foreign country)	COUNTRY?	
retired Automotive Engr Army Ordnance -	- Ohio	GANTRY?	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Edward L Duppstadt Carrie Elea nor Dietz			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, app, or unk.) (If Yas, give wer or dates of service)  273000/77			
(Yes, ep. or unk.) (If Yas, give wer or datas of service) 27300047	Aberdeen Proving Ground, Md	•	
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  18. MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH			
587.0 IMMEDIATE CAUSE (A) Gastrointestinal hemorrhage 2 days			
BUT TO .	Pod Timo	11 days	
DISEASES OR CONDITIONS, IF ANY, (B)			
STATING UNDERLYING CAUSE LAST. DUE TO Acute hemorrh	nagi c pancreatitis	16 days	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE Cholecystitis	s with cholelithiasis	years	
196 DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
None	Let. With his alliny Occups (c)	YES NO	
21a ACCIDENT WAS UNDERLYING   21b. PLACE (Homa, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office, bldg., etc.)  21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Stete)  OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office, bldg., etc.)			
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21e. INJURY OCCURRD 21f. HOW DID INJURY OCCUR?  While M. At work at work			
22. I hereby certify that I attended the deceased from 18 Oct , 19.55 , to 4 Nov , 19.55 , that I last saw the deceased			
alive on			
SIGNATURE ADDRESS (Street, city, town, state) DATE SIGNED			
M.D. US Army Hospital, APG, Md. 4 Nov 1955			
23. BURIAL, CREMATION.  REMOVAL (SPECIFY)  REMOVAL			
24. REC'D BY REGISTRAR REGISTRAR'S, SIGNATURE ADDRESS'			
DATO LOV. 5-55 / Ellie Y. Gerry John G. Farrieg - aberien we.			



N. C. C. C.

7. hames after death. After this director, the third copy of this

ragistms within by the funeral

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**CO FUNERAL DIRECTOR:** The law requires that the death certificate be file. with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M

DATE

The bottom copy may be retained by the hospital or attending physician.

YSICIAH

ATTENDING

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howing after death.

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10891

# 10993CERTIFICATE OF DEATH

	Reg. Dist. No/&		
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY HARFORD MARYLAND	STATE Md, COUNTY HARFURD		
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give-nearest town) (in this place)	CITY (if outside corporate fimits, write RURAL and give nearest lown) OR		
X TOWN MURABUILLE 44X5	TOWN MORRIS VILLE,		
HOSPITAL OR R.F.D. KOUTE INSTITUTION OR R.F.D. KOUTE STREET ADDRESS STEWARTSTONN, PENNS	RIF. DACOTE   SIENHRISTSWN		
S. NAME OF (First) (Middle)  (Type or Print) MARY (D)	HRVER DEATH //- 19- 19-35		
5. SEX 6 COLOR OR 7. SINGLE, MARRIED, 8. DATE O WIDOWED, DIVORCED, (Specify) ADD 1 /2-0	F BIRTH  9. AGE lest brithdey  IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.		
dona during most of working life, even if ratirad 11/5/15/15/16/16	11. BIRTHPLACE (State or foreign country)  12. CIT.ZEN OF WHAT  SOUNTRY?		
13. FATHER'S MANE  -B. HECK	SOPHIA LOHNOULLER		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  [Yes and or unk.] (If Yas, give war or dates of service)	17. INFORMANT & ADDRESS 3022 WILLOUGHE & BULLOUGHE & B		
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  18. MEDICAL CER  18. MEDICAL CER  18. MEDICAL CER	TIFICATION INTERVAL BEIWEEN ONSET AND DEATH		
ANTECEDENT CAUSE(S) DUE TO  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	Muleria Deleriona. 20412		
(C)	/		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES \ NO \ \ Y		
(IF EITHER, NOTIFY MEDICAL EXAMINER)	Itc. WHERE DID INJURY OCCUR? (City or lown) (County) (State)		
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while I st work st work	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 19.50, to 19.00, that I last saw the deceased			
alive on 19.5. and that death occurred at 10.13. M, from the causes and on the date stated above.			
SIGNATURE (Sireat, city, lown, state) DATE SIGNED			
Millecane & Textlore M.D.	Victoria 15 11/19/51		
23. BURIAL, CREMATION, REMOVAL (SPECIFY)  1-22-55  NAME OF CEMETERY OR  1-22-55	CREMATORY LOCATION (City, town, or county) (State)		
24. REC'D BY REGISTRAR REGISTRATOS SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		

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A15C 1-55 10M

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After this

A hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10881 CERTIFICATE OF DEATH

19392

Reg. Dist. No. / 85

1. PLACE OF PEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Harford MARYLAND	STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (It outside corporate limits, write RURAL and give nearest town)
OR end give neerest town Grace Grace GWEEK	TOWN TEXT Pikesville 8. d.
HOSPITAL OR INSTITUTION OR II I III III III III III III III III	STREET ADDRESS / Hartora/Convertescenc/Yohe/
STREET ADDRESS Farley Municipal / Logslifal	hrs. Janes Watkins, 202 clare on Arr.
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) YEVA LAWDER GILBE	DEATH NOV. 14, 55
5. SEX 6 COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED,	
Fem. Wh. (Spacify) Single Feb. 1	3. 1885 70 yrs. Months Days Hours Min.
	11 BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	BALT (IN COUNTRY?
retired Returned B+0.RR. Clark	DATIO-110 121-2-4
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jarrett N. GILBERT	LYDIA LAWDER
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS / Havredurlance
(Yas, no, or unk.) (Il Yes, give wer or detes of sarvica)	The Proce M. Hellet and DD+
16. MEDICAL CER	TIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) Chr. Myocardial Di	50000
0.00	Lotabe
DISEASES OR CONDITIONS, IF ANY, (B) Chr. Hypertensive	Cardio-vascular Disease
GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST. DUE TO	
TE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION 195. MAJOR FINDINGS OF OPERATION	2D, AUTOPSY?
THE WATER OF STRATEGIC	YES NO A
	Ic, WHERE DID INJURY OCCUR? (City or lown) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e INJURY OCCURRED	RII. HOW DID INJURY OCCUR?
M, et work et work	
22. I hereby certify that I attended the deceased from Aug	
alive onNov	
SIGNATURE	ADDRESS (Street, city, town, stete) DATE SIGNED
	Forest Will, M'd. 11-15-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
BURIAL 11-18-1955 MECLEVAL	V CHAPEL HARFORD INO.
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE. ADDRESS
no 10 10 10 10 10 10	12 m. 1: MITI 1/ 1/ 4 MD.
DATE / 601/-1/8571 X Xerses/11 14	VI Mousen //Wenll / rabball Khall

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who so is the the to sin

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10893

## 10904 CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY HORAD MARYLAND	STATE MID COUNTY HO 12.4	ord	
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (II outside corporate limits, write RURAL and give near		
OR end give nearest town)  TOWN Roll D.	TOWN B. I D. P. M. I	X	
HOSPITAL OR	STREET (If fure) give location)	<del></del>	
INSTITUTION OR TO STREET ADDRESS	ADDRESS ROCKSPRING ADA		
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month)	(Dey) (Yaer)	
DECEASED	EER OF DEATH NOV.	19 55	
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE C	DF(BIRTH / 9. AGE lest birthday IF UNDER		
F WIDOWED, DIVORCED, (Specify) Wildows June	9/1877 78 yrs. Months	Days Hours Min.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. SIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT	
retired)	EIKCRUK 1/2,	17.5	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	7	
Va Mrs Rudy	UNKNOWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? - 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS		
(Yes, no, or uph.) [If Yes, give way or dates of service]	BU AIR MA		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH	
170 X IMMEDIATE CAUSE (A) Carcinema of brea	ast	3 yrs.	
ANTECEDENT CAUSE(S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE			
STATING UNDERLYING CAUSE LAST. DUE TO			
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
190, DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		2D. AUTOPSY?	
None C		YES NO	
21s. ACCIDENT WAS UNDERLYING ☐ 27b. PLACE (Moma, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF ETHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY O CCUR? (City or town) (Count	y) (Steta)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?		
M. While Not while of work			
22. I hereby certify that I attended the deceased Marich1255	, 19, to Nov. Lst., 19.55_, that I	last saw the deceased	
alive on Oct. 30 1955 and that death occurred a	3:00 PM, from the causes and on the date stated	above.	
SIGNATURE DO DO DA DA DA	ADDRESS (Street, city, town, stete)	DATE SIGNED	
Wellera F. Hedrowno.	Forest Hill, I'd.	11-2-55	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR		(State)	
BURIA NOW 4/1955 Highland	Pricketisan Highbard HAR	HORY MA	
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	A District Control of the Control of	ADDRESS	
11 3 1954 Prairie Ma formation	Dorell Host, BOR.	m. 1	
DATE / - J. 1985   "UNALLO FOULOUAL	person come come	old!	



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## MEDICAL DVAMINDOS CEDMINICAMO OF DELEMIN

MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMURE, 18	Keg. Dist.
MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No/0%
I. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MARYLAND MARYLAND	STATE MO COUNTY HARte R	9
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY		give nearest town)
TOWN 190185 Light	TOWN ROCKS	<u> </u>
HOSPITAL OR INSTITUTION OR VISTREET ADDRESS	STREET (If rural, give location) ADDRESS	/
3. NAME OF DECEASED: (First) S (Middle)	(Last) 4. DATE (Month) (Day OF DEATH Normale	Y (Year) 55
M RASE: WINOWED, DIVORCED, July	5-1955 yrs. Months De	EAR IF UNDER 24 HRS.  IJUNE Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	R 11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
George Harris	AdaHIGGINS	
15 WAS DECRASED EVER IN U.S. Agreed Forces? (Yes, no, or unk.) (If Yes, give war or dates of service)	ANOCHISSINS AS	J
18. MEDIC		1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	~	INTERVAL BETWEEN ONSET AND DEATH
77 au Malmutrit is	n	_
Immediate cause DUE TO	\$ \$444 \$41 \$ A	, ***, , ***
Antecedent cause(s)		
	•	***
stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	taminosis	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
PRIMARY [] or CONTRIBUTING [] OF street, office bldg., etc	y, 21c. (City or town) (County)	(State)
21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED While at Not while INJURY M.   work   at work	21f. HOW DID INJURY OCCUR?	
	ident [], Suicide [], Homicide [], Undeter	
SIGNATURE	DEPUTY MEDICAL EXAMINER -	DATE SIGNED
THE PROPERTY OF THE PROPERTY O		1119135
		unty) (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24-FUNERAL DIRECTOR	1110
REG! / 14 / 1.	AFFONERAL DIRECTOR	ADDRESS
2	I. PLACE OF DEATH:  COUNTY / AR for 3  CITY (If outside corporate limits, write RURAL OR and give nearest town) QC//S  HOSPITAL OR INSTITUTION OR WISTREET ADDRESS  3. NAME OF DECKASED: (First) (Specify): J/VG/L July  10a. USUAL OCCUPATION (Give kind of work life, even if retired):  113. FATHER'S NAME: (Specify): J/VG/L July  115. WAS DECKASED EVER IN U.S. Achied Forces 7 (Yes, no, or unk.) (If Yes, give war or dates of yerrice)  11. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  12. Immediate cause (a) Due TO  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)  11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: INJURY OCCURRED INJURY  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED INJURY  22d. I hereby certify that I took charge of the remains described that death resulted from: Natural causes \( \text{L} \), Accompany	I. PLACE OF DEATH;  COUNTY MR HOR S  CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR WAND give nearest town) QCMS  CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR WAND give nearest town) QCMS  ROSE (In this place)  HOSPITAL OR HOSPITAL

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING



# The bottom copy may be retained by the hospital or attending physician. RISTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10332 CERTIFICATE OF DEATH

10895

85 Reg. Dist. No. 180

1. PLACE OF BEATH / 271	2- USUAL RESIDENCE (HOME) OF DECEASED
any any and	Marian de free
COUNTY 4 TE LATE TO MARYLAND	STATE PLEASE COUNTY / HE LOVED
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY If outside corporate limits, write RURAL and give nearest lown)
14 TOWN 3 TOURS 37 100	TOWN Home de Mare 24
HOSPITAL OR	THE WALLE CONTRACT OF
INSTITUTION OR	STREET ADDRESS (If zural give location)
STREET ADDRESS	111. 1/11em
3. NAME OF (First)) (Middle)	(Yest) 4. DATE (Month) (Day) (Year)
(Type or Print)	OF
porting the property	DEATH ///6/57 19
S. SEX 6 COLOR, OR 7/ SINGLE, MARRIED, 8. DATE C	9. AGE last birthday / IF UNDER 1 YEAR   IF UNDER 24 HRS.
WIDOWED, DIVORCED,	TILLICAT Months Deys Hours Min.
10a USUAL OCCUPATION IGINA kind of work   10b, KIND OF BUSINESS	2.4/184/ 30 yrs.
10a USUAL OCCUPATION (Giva kind of work done during most at working lile, even if OR INDUSTRY	17. SIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
rotingo / her and	May beating the DICA
13. FATHER'S NAME	14. MOTHER'S MAJDEN NAME
011411	
Wort Heath.	Earline Cocourt
IS WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS 716 There
(for, no, or unk,) (1) (by give hyplor deter of service) 087-10-36	27 92 4 7/1/ - 1
	I IM rune IV. Heath Housed thats.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
4.2011	ONSET AND DEATH
IMMEDIATE CAUSE (A) CONTRACT	purmous
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	elevous Carelro
GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST. DOE TO	direcord / An Keylunger
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE .	
D SEASE OR CONDITION CAUSING DEATH,	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c, WHERE DID INJURY OCCUR? [City or town] (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   21a. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
M. at work at work	
22. I hereby certify that I attended the deceased from	19.2.3., to 19.2.3., that I last saw the deceased
alive on	1. 9:15 Prom the causes and on the date stated above
SIGNATURE	ADDRESS (Streat, city, lown, stells) 2.DATE BIGNED
	111
23 SUBAL COCHANINA DATE THEORY OF THE TOP OF	1000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
23. BUR.AL, CREMATION, DATE THEREON NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (SIJA)
119/5 FIV. C.	n Handidley mil
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ) ADDRESS
7 1 2 1 1 1 1	Leave to the top the state of t
DATE / My 9-1755 61. X. Years of 1	Attinice there we

executed within

72 hours after death. After this director, the third copy of this

the registrar within in by the funeral

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M



# 10993 CERTIFICATE OF DEATH

of this	MARYLAND STATE DEPARTMENT 10893 CERTIFICATE		10896
X Ado	CERTIFICATE	OF DEATH	.81-
E E		Reg. Dist.	No. / 0 5
	M PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	,
the state of	COUNTY TARFORD MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY	STATE MARULAN & COUNTY MAKE	ford
director, the third copy of	OR and give neerest four OR (in this plese)	CITY (If outside corporate limits, write RURAL end give neers OR TOWN AREA OF A	of town)
÷	HOSPITAL OR INSTITUTION OR	STREET (Il rurel give location)	
ithin teral	11 STREET ADDRESS HARFORD MEMORIAL HOSE	E COMOND ST	,
rmgistrar within by the funeral	S. NAME OF (First) (Middla) (Type or Print) O 14/14	bar death	(Day) (Yaar) 29 1953
e yd L	5. SEX 6. COLOR OR 7. SINGLE, MARRED; 8. DATE O	F BIRTH 9. AGE last birthday IF UNDER I	YEAR IF UNDER 24 HRS
Ē.S	(Specify) MARRIED LEW START OF BUSINESS	0-1099 36 yrs.	Deys Hours Min.
icate be filed with the ri completely filled in b tal fransit permit.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relied) OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	COUNTRY?
Per ≡	13. FATHER'S NAME	14. MOTHER/S MAIDEN NAME	1.0.14
letel Isit	UNKNOWN	UNKNOWN	
omp trar	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yes, ng, or unk.) (If Yes, give wer or dales of service)	17. INFORMANT & ADDRESS	1 1
ertifica and c burial	220-05-4375	Mrs Sacie Aubard a	berdeau We
0 "	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	INTERVAL BETWEEN ONSET AND DEATH
physician use as a	443x IMMEDIATE CAUSE (A) <u>Cerebral</u> H	emorrhage	
physical use	ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (8)	9	
that the ding and for	GIVING RISE TO THE ABOVE CAUSE DATE TO	Cardio vascular disease	
requires that the the attending the detached for	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
¥ ¥ g	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
FOR: The law requires that the executed by the attending phebly should be detached for u	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY street, office bidg., etc.)	1c. WHERE DID INJURY OCCUR? (City or town) (County	YES NO (Steta)
		ZII. HOW DID INJURY OCCUR?	
IREC been asse	22. I hereby certify that I attended the deceased from 16/1	, 19 53, to 11 29 , 19 55, that I li	ast saw the deceased
	alive on	6.009.M, from the causes and on the date stated	above,
ERAL DII ate has b certificate 35 10M	SIGNATURE THE STATE OF THE STAT	ADDRESS (Street, city, town, stela)	DATE SIGNED
FUNERA certificate death cert	23. BURIAL CREMATION.   DATE THEREOF   NAME OF CEMETERY OR	CREMATORY LOCATION TCTY, town, or country	/ (State)
TO FUNERAL certificate ha death certific	Bureal 12/3/55 W. Pehar	p - f Charle	and'
5 2	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		PORESS () Tee
	DATE SILCI-1965 4. X Frenza M. A.	John 4. Sarring ab	araben

hours after death.

TO ATTENDING PHYSICIAIN OR HOSPITALI The Life requires that the death certificate by executed within The bottom copy may be retained by the hospital or attending physician.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OR	DEATH	M. 19.
MEDICAL	DARMINDA S	CEMILITICALL	Or	DEATH	No. / 6

· Too	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. / A ??
9	I. PLACE OF DEATH; 2. USUAL RESIDENCE (HOME) OF DECEASED;	
/립·	COUNTY FORT MARYLAND STATE / MARYLAND STATE	an od
A.g.	CITY (If outside corporate limits, write RURAL   LENGTH OF STAY   CITY (If outside corporate limits write RURAL and	give nearest town)
f information carefully. The death clearly and legibly.	2 OR and give nearest town (in this place) OR TOWN Town of the	and again
are	HOSPITAL OR INSTITUTION OR ADDRESS (If rural, give location)	,
	ASTREET ADDRESS SEE TO	·
ar!	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day DECEASED: A 1	(Year)
cle	(Type or Print) / ( OF a PC)	· ¥ 19 5 5
th for	6. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: Funder 1.	
deg ii.	Kimile 16 24 180418/100 3/30/18/8 7/ yes. Working D	ays Hours Min.
G E O	10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BJRTHPLACE (State or foreign country): 12. State or foreign country): 12. State or foreign country): 12.	COUNTRY?
ite	13. FATHER'S NAME: /	3.7/
O FOR BINDING Supply every item of write the causes of d	+ " rest Talmer main strale	
ev ev	16. WAS DECEASED EVER IN U.S. ARMED FORCES ? (Yes, no, or unk.) (If Yes, give war or dates of	fine
FOR pply tite th	service)	r, 17
	18. MEDICAL CERTIFICATION	1 7
三 三 2 2 3 4	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
RESERVED NG INK. St.	a Anteriore whe I work	
E Lind	Immediate cause  (a)  DUE TO	100777777777
RE NG	Antecedent cause(s)	
	Diseases or conditions, if any, (b) giving rise to the above cause DUE TO	
F.A.	stating underlying cause last	
MARGIN RI UNFADIN( Physicians:	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	
an	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	29. AUTOPSY?
≥ te		Yes 🗌 No 🗍
WRITE PLAINLY, WITH age is especially important.	21a. EXTERNAL CAUSE WAS PRIMARY  or CONTRIBUTING  Street, office bldg., etc., CAUSE OF DEATH.  (County)	(State)
Z	2Id. TIME (Month) (Day) (Year) (Hour)   21c. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?	
LA	OF While at Not while INJURY M. work T at work	
P	22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection if	, Inquiry [], and
E	find that death resulted from: Natural causes vi, Accident , Suicide , Homicide , Undeter	
RI	SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
% ≥ %	M. D. ASSISTANT MEDICAL EXAM.	11/27/1
E a	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, of co	ounty) ] (State)
LEASE	11/2/33 / 17 12 100 10 1 1 12 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ce Mid
日	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. PUNERAL DIRECTOR	ADDRESS

(Dey)

Days

6

CITIZEN OF WHAT

NTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

NO

(Stete)

DATE SIGNED

(State)

YES

COUNTRY?

[Yeer]

19 3

IF UNDER 24 HRS



TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 to know 10886

## CERTIFICATE OF DEATH

			Reg. C	Dist. No. 185
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEA	SED
4//		I ha	who not country to	1. 7
COUNTY SAME COPPORTS WITH RURAL	LENGTH OF STAY	STATE ///Q/	Sta limits, write RURAL and give	AVFOVOL
OR and give neeres/ toy(n)	(in this pleca)	OR , /	ord settlers, witho KONAL and Bive	/ / /
AFTOWN HARIN 1/2 9/1	NET - A	TOWN Have	14 dz 4/Va	64- 24
HOSPITAL OR	DOAT	STREET	(If sural giva focati	ion)
INSTITUTION OR INSTIT	and Illian	ADDRESS	1/1/2 2 2 /	*
Han Far a 1116	1116/10/ 1162/2	17-17	1 617/007 61	(Year)
3. NAME OF (First) DECEASED 2	(Middle)	(Lest)	4. DATE (Month)	(Year)
(Type or Print)	AMBERTO	WX rug	DEATH YOU'S	mber20 19 55-
5. SEX   6. COLOR OR / 17. SINGLE, OM		TE OF BIRTH	. AGE lest birthday   IF Ut	DER 1 YEAR AF UNDER 24 HRS
RACE WIDOWED (Specify)	, DIVORCED,	B15,907	4-3 Mont	hs Deys Hours Min.
1/10/2   Whitz	Married	11,10,1700	22 yrs.	
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if	. KIND OF BUSINESS	11. BIRTHPLACE (State or foreig	iu conultă)	12. CITIZEN OF WHAT COUNTRY?
mired) (1/4/4/4/11)	The CHORER	+ BALTO. MI	<b>D</b> .	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	IAME	
MIM. I HOUR	50	F1 40	- u Buc	TE 17
11- F. 1110H ~	' / ·	FLIZAB		TER
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS	HAVREDETAN
(Yas, no, or unk.) (If Yas, give war or detes of service)		1120. MA19	IE K. IRUG	- MD.
	18, MEDICAL	ERTIFICATION	# -	, INTERVAL BETWEEN
diseases or conditions directly leading to deal diseases or conditions directly leading to deal diseases (a)	"UNHIMAN	demayer	4019	ONSET AND DEATH
7 7 500 /	So and round	CHI I VA		
Ministratini evolution	DAUNIA	TIAD MUILAA	KINIAN/O'	
GIVING RISE TO THE ABOVE CAUSE	were c	in count a	war	
STATING UNDERLYING CAUSE LAST. DUE TO				-
(C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE				The state of the s
DISEASE OR CONDITION CAUSING DEATH.				
196, DATE OF OPERATION 196, MAJOR FINDIN	NGS OF OPERATION			20. AUTOPSY?
	(Home, farm, factory, reel, office bldg , etc.)	21c. WHERE DID INJURY OCCUR		County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) [Hour]	210. INJURY OCCURRED	21f. HOW DID INJURY OCCUR	.?	
M.	et work al work	] [		
22. I hereby certify that I attended the d	leceased from	19 7 , 10 1/		at I last saw the deceased
	and that death occurred		euses and on the date s	
SIGNATURE	X III T	DA ADDR	ESS (Street, city, lown, state	DATE SIGNED
() \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	CRIM PING.	1114 Hav	re all Grace	, Med 11-22-5.
23. BURIAL, CREMATION, DATE THEREOR	NAME OF CEMETERY	OR CREMATORY	LOCATION (City, town, or ed	
REMOVAL (SPECIFY)	5 1//22	_79	BUT. M.	Ma.
WURIAL 11-23-3	a merching	- MARK WOOD	DALIO. CC.	170
24. REC'D BY REGISTRAR REGISTRAR'S SIGNA	TURE	25. FUNERAL DIRECTOR'S	SIGNATURE /	HAVRED ECRAC
-1100 00 1955 1 4	7 1 1 1	IF MADION	111.1.1.0111	14

42 32 WA ...

MAR. 15,140 5

HUTE CHERTH PARTE MO

Nim. E. Tice SK ELIZIBETH I'A . TE manicipacine

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T. MAGISSON . The MANIED & TRADE

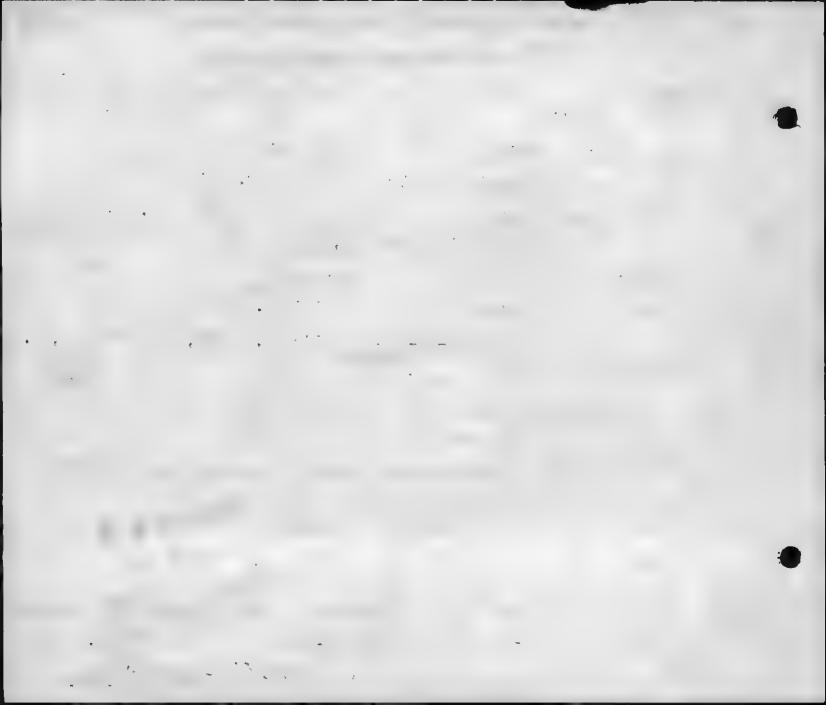
V\$ A15C 1-5E 10M

2

#### 10887 CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH		2. UBUAL REBIDE	INCE (HOME) OF DECEME	BEU
county Harford	MARYLAND	STATE Md	COUNTY Ce	cil
CITY (Il outsida corporala limits, write RURAL	LENGTH OF STAY		porate limits, write RURAL end give	neerest town)
OR and give nearest town) Havre De Grace	(in this plece)	TOWN Port	Deposit	07x-2
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(Il rural give location	on)
	1 Hospital	78	N. Main St	1/
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) Harry James	Ma:	son	DEATH NOV.	3 <sub>19</sub> 55
5. SEX 6. COLOR OR 7. SINGLE, MARRI RACE WIDOWED, DIV	ED, 8 DATE			DER 1 YEAR IF UNDER 24 HRS.
Male  Colored   (SpacifySir		*	65 yrs. Month	
	ID OF BUSINESS	11. BIRTHPLACE (State or lor	reign country)	12. CITIZEN OF WHAT
retired) Laborer Day		Maryland		OCS A
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
John Perry Mason		Sallie E.	Dunmore	
	SOCIAL SECURITY NO.	17. INFORMANT &		
(Yas, no, or unk.) (If Yes, give wer or detes of service)	213-03-0922	- Alice M.	Hughes, Port	Deposit, Md.
	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 1+7	1 4 1	1	ONSET AND DEATH
260X IMMEDIATE CAUSE (A) CE	rebrai Vasc	ular Acciden	t	1112/55
ANTECEDENT CAUSE(S) DUE TO			1	
DISEASES OR CONDITIONS, IF ANY, (B)	retes Mellit	us with Aze	otem 10	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	1. A 1	1 1 1/ /	1	
STATING UNDERLYING CAUSE LAST. DUE TO  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT BE ATED TO THE	tensive 71 - teno s	clematic Heart.	<u>a isease</u>	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OF COND TION CAUSING DEATH	nchitis with	Pleuritis		11/2/55
190. DATE OF OPERATION 196. MAJOR FINDINGS	the state of the s	2		20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Hom OR CONTRIBUTING   CAUSE OF DEATH OF INJURY streat,		21c. WHERE DID INJURY OCC	UR? (City or town) (C	County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	WILLIAM OCCURRED	24 HOW DID INHIBY OCC	110.2	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a, White the street of		211, HOW DID INJURY OCC	OKI	
22. I hereby certify that I attended the dece	ased from 4	, 19.51, to	1/3 , 19.55 , tha	at I last saw the deceased
alige on 11/3 19.55 and	that death occurred a	1/2:35 A.M. from the	causes and on the date st	ated above.
GIGNATURE 24 A		ADI	DRESS (Street, city, town, stele)	DATE SIGNED
	ry , M.D. 51	69 Revolution 5	Havre de Grac LOCATION (City, 10wn, or con	e, Md. 113/55
23. BURAL, CREMATION, DATE THEREOF REMOVAL (SPECIFI)	THAME OF CEMETERY OF	R CREMATORY	LOCATION (City, town, or cou	unity) (State)
Burial 11-6-1955	Cokesbury	Cemetery	Port Deposi	t.Md.Rural
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. JUNERAL DIRECTOR"	S SIGNATURE	ADDRESS
DATE NOV. 5-1955 (1. X. X.	ewis m &	· Viela, Pa	Throw +	8 on



#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 19888 CERTIFICATE OF DEATH

12012

Reg. Dist. No. / 85 -

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	/
1/ ~ /	- 1 / 2/ /	1 1
COUNTY HAT - C - G MARYLAND	CITY (Ill outside coporele limits, write RURAL and dive nearest town)	G-11-000
CITY (If outside carporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	OR	
24 TOWN AN VUS 1/2 GVBCE / IM	The TOWN MONKton	×
HOSPITAL OR	STREET (If rurel give location)	/
71 STREET ADDRESS Any Friend May make a large	ADDRESS O HI - GIVI 31	,
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day)	(Year)
DECEASED (Type or Print) Buly:	Mc Cano DEATH Thus may	2/19/95
	OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR	IF UNDER 24 HRS.
F RACE WIDOWED, DIVORCED, (Specify) 12 whorn 11/		Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN COUNT	OF WHAT
retired)	Maryland	KI .
13. FATHER'S NAME	14, MOTHER'S MAIDEN NAME	
12 > ~ ~	IRENE Faster	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.	1 17. INFORMANT & ADDRESS	
(Yes, no, or unk.) (If Yes, give wer or detes of service)		
	Hosp Kecords.	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		VAL BETWEEN
Wanter No.	Armi Voulure	
762.5 IMMEDIATE CAUSE (A)	1000	
ANTECEDENT CAUSE(S) DUE TO	alplorto013	
DISEASES OR CONDITIONS, IF ANY, (B)	percent with	
STATING UNDERLYING CAUSE LAST, DUE TO	1 Propostiniki	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	c f avricy our y	
TO THE DEATH BUT NOT RELATED TO THE	<b>V</b>	
DISEASE OR CONDITION CAUSING DEATH.		- Harabatta
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. YES	AUTOPSY?
210. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory,	21c. WHERE DID INJURY OCCUR? (City or Jown) (County)	(State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.]  [IF EITHER, NOTIFY MEDICAL EXAMINER]		(47)
Zid. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) Zie, INJURY OCCURED While Not while et work et work	211. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last saw	the deceased
alive on	at 312 900 from the causes and on the date stated above	
SIGNATURE		ATE SIGNED
(1)31 10 mm M.D.	HEXAIN OUDAGE	
23. BURIAL REMATION DATE THEREOF NAME OF CEMETERY OF	R CREMATORY   LOCATION (City, town, or county)	(State)
	wind Hospital Housede Straco ma	1
	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		
DATE y DC. 6-1955U. Q. Weller on al	though ally administrator	
11 1 = 1111		
4/X5J44/		



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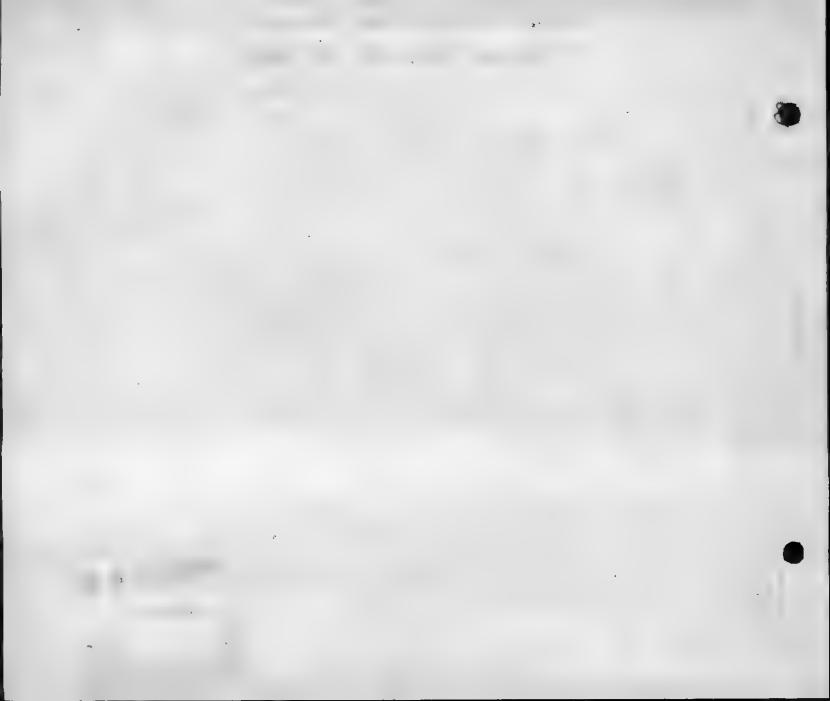
certificate has been executed

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 1090?CERTIFICATE OF DEATH

10902 Reg. Dist. No. 182

I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY HORTCRA MARYLAND	STATE MA COUNTY HEP FORA
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (II outside corporate limits, write RURAL and give neerest town)
OR and give nearest town) (in this place)	the Town Str. +
HOSPITAL OR	STREET # rurel give location)
INSTITUTION OR	ADDRESS PITATE GIVE IDEARCH
STREET ADDRESS	
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Day) (Year)
(Type or Print) CRISTINE NIGRIE	PRESTER DEATH NOV 22 653
	DATE OF BIRTH 9. AGE Jost birthday   IF UNDER 1 YEAR   IF UNDER 24 HR
RACE Specify S (NS)	The state of the s
, S, A, IC 130	129117-1703 12110NING 2
10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS done during most of working title, even if OR UPDUSIRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
retired)	Havredebrace Mr 115
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES PRESSURY	Anenthu Rin
IS. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY	NO. 17 INFORMANT & ADDRESS
(Yes, no or with) (If Yes, give war or detes of service)	Charles PR. es bury
	5 TRUET MA
11 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	L CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
491 XIMMEDIATE CAUSE IN PROPERTY	20 1/0 De 10 Dan PADORTED
ANTECEDENT CAUSE(S) DUE TO CO A CO	
DISEASES OR CONDITIONS, IF ANY, (B)	Dellary Mouchelis
STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	***
DISEASE OR CONDITION CAUSING DEATH,	
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO Z
21e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stele)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
M, et work et work	
22 11-day 24 14 14 14 14 15 16 Son	7 14 1955 to 10022 1955 that I last saw the decease
22. I hereby certify that I attended the deceased from	1/- 8
alive on	
Willerd P. Herdson M.	DATE SECNEL  D. LOTUST HELD MICH 11/23/50
23. PORTAL, CRIMINAN, DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY   LOCATION (City, town, or county) (State)
BARIA NAVA SET FRIED	Frest Hill Harles IM.
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	112W TO REST TITLE ADDRESS ADDRESS
11 0 3 17 1 12 100 8	1 Descriptions southern Brown 11
DATE / J J. 5 5 5 1 UNICELY TITLE TO	Hospita Hope wellen her



VS A15C 1-55 10M

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10909CERTIFICATE OF DEATH

	Reg. Dist. No./
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY HOLE FOR A MARYLAND	STATE MA COUNTY HANGE
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give neerest towals (In this place)	CITY (Il autside corporate limits, write RURAL end give nearest town) OR
X TOWN COSh TOWN 62945	TOWN PEGGOORRA COOKTOWN X
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS
TA STREET ADDRESS	Works KP
3. NAME OF (first) (Middle) DECEASED	(Lest) 4. DATE (Month) (Day) (Your)
	GDON DEATH Nov. 1st 1955
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED,	F BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HR.  Months   Days   Hours   Min,
male White murned OCI	18,1893 02 yrs
10e, USUAL OCCUPATION (Give lind of work 106. KIND OF BOSINESS done during most of working lile, even if OR INDUSTRY ratified	IT. BIRMPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Garnes B. Readon.	Sallee amas
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give war or detes of service)	THIS MOTIGATEL RYGEN
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION ACCES INVERVAL BETWEEN ONSET AND DEATH
420. / IMMEDIATE CAUSE (A) Coronary Thrombosis	
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (8) Chr. Coronary arter	ry disease ?
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE NOTICE DISEASE OF CONDITION CAUSING DEATH.	
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT WAS Uninconvinted In 1 ash to ACE (III	YES NO GET
21b. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bidg., etc.)   IF EITHER, NOTIFY MEDICAL EXAMINER)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while	IN, HOW DID INJURY OCCUR?
M. et work et work	
22. I hereby certify that I attended the deceased from	
· ·	1:12 PM, from the causes and on the date stated above.
SIGNATURE.	ADDRESS (Street, city, town, state)  DATE SIGNED
	FOREST HILL, I'd. 11-2-55  CREMATORY   LOCATION (City, town, or county) (Stete)
REMOVAL (SPECIFY)	- They a liter startord zers
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1 2S. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
11.4-55 Preinellan forumant	marting thurs levelle da

Herriord Harfird Waterfield Ecoptemy Capes Regileaged Ecoptemy

Male White Minnel Oct, 181993 62 Farmer, Generalingschten Med usa
George B. Regden. Salle amos
me
The Mert L. Ryden

Pairial

Theo of so win Walter Thense Contient Junior Alle

P.

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TUMBRAL DIRECTOR: certificate assembly

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physician.

allending

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 10890 CERTIFICATE OF DEATH

10906

Reg. Dist. No. 185 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED HARFORD COUNTY STATE COUNTY MARYLAND OR and give nearest town) - 4772 de 67220 LENGTH OF STAY (If outside corporate limits, write RURAL and give nearest town) Entire life Rural -- Forest Hill. Nd HOSPITAL OR (if rural give location) INSTITUTION OF **ADDRESS** MTMORIAL Hospital STREET ADDRESS HARFORD DATE (Month) (Last) NAME OF (Year) DECEASED DEATH Vovember ROBINSON (Type or Print) MAUE COLOR OR 8. DATE OF BIRTH 9. AGE lest birthdev IF UNDER 1 YEAR **IIF UNDER 24 HRS** SINGLE, MARRIED RACE WIDOWED, DIVORCED, July 27, Fem (Specify) Wid. 10b. KIND OF BUSINESS 10a, USUAL OCCUPATION (Giva kind of work 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY Harford Co. Md. refired) House-Work 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Frank Grafton Lavinia Thomas Mrs Paul Peak, Forest Hill, Md. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unk.) (If Yes, give wer or dates of service) None 0.1 INTERVAL BETWEEN 18. MEDICAL CERTIFICATION 'I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH (A) Peripheral Vascular Collapse and Terminal Pneumonia IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, Chr. Cardio-vascular Disaasa GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO Chr. Essential Hypertension vrs 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19a, DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO 21e. ACCIDENT WAS UNDERLYING 21b PLACE (Home, farm, fectory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Slate OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. HOW DID INJURY OCCUR? 21d. TIME OF INJURY (Month) (Day) 21a. INJURY OCCURRED (Year) (Hour) While Not while at work .........., and that death occurred at A. O. A.M. from the causes and on the date stated above. alive on....11-5-55 ADDRESS (Street, city, town, state) EZIM.D. Forest NAME OF CEMETERY OR CREMATOR 23. BURIAL, CREMATION, REMOVAL (SPECIFY) BU K FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR



V\$ A15C 1-55 10M

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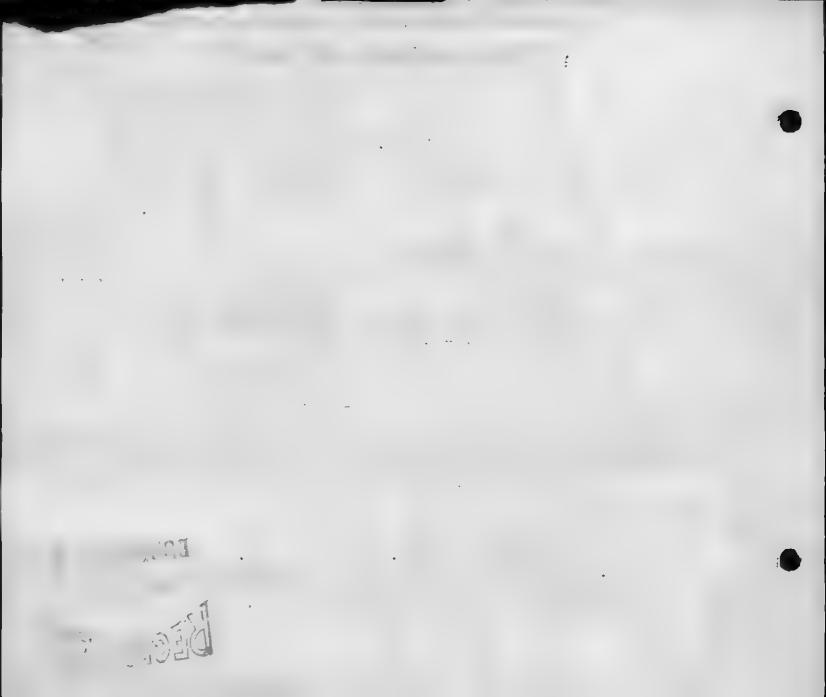
INSTRUCTIONS

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 10911CERTIFICATE OF DEATH

10908 eg. Dist. No. 82

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	0
COUNTY Harford MARYLAND		rford
CITY (If outside corporate limits, write RURAL LENGTH OF STAY 4 (actions of give neerest town).	CITY (It outside corporate limits, write RURAL and give nea	rest town)
X TOWN NEAR BEL AIR THE WESTES	TOWN Havre de Grace	e sea
HOSPITAL OR	STREET (If rural give focetion)	,
9; INSTITUTION OR Walters Nursing Home	607 Pearl Street	
3. NAME OF (First) (Middle) DECEASED N.T. CO.T. 4	(Lest) 4. DATE (Month)	(Day) (Year)
(Type or Print) N.I. COLA SER	PINTING DEATH NOV. 25	1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED,		
M W (Specify) Single   I2/2	7/ 1878 76 yrs. Months	Days Hours Min.
done during most of working his, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	COUNTRY?
retired) Laborer Unknown	Italy	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Calliva Serpentino	Unknown	
15. WAS DECEASED EYER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, na, or unk.) (If Yes, give wer or detes of service) 217-03-0884	Archille Sarvino, 607	Pearl St.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	INTERVAL BETWEEN ONSET AND DEATH
4.42 X IMMEDIATE CAUSE (A) CERCERAL HUMORPHAGE	(2nd episode)	4 days
ANTECEDENT CAUSE(S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, (B) Hypertensive cardi- GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	o-vascular disease	?
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
• /		YES NO T
216. ACCDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ic. WHERE DID INJURY OCCUR? (City or town) (Cour	ity) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not white St work st work	III. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 4	10.55 to Nove 25, 10.55	lest seem the deserved
alive on No ve 25 , 1955 , and that death occurred at.	17 • 20 • D	iasi saw ille deceased
signature	11:30 M, from the causes and on the date state ADDRESS (Street, city, lown, state)	DATE SIGNED
	rest Hill, Md.	11-26-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C		
Burjal II/28/jose MT ER	1 25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS INC
DATE 11.28.55 Prince Ila Forword	The state of the s	7
DATE / O D D WEXCELLA TOWN	1 Commaten + Ion	

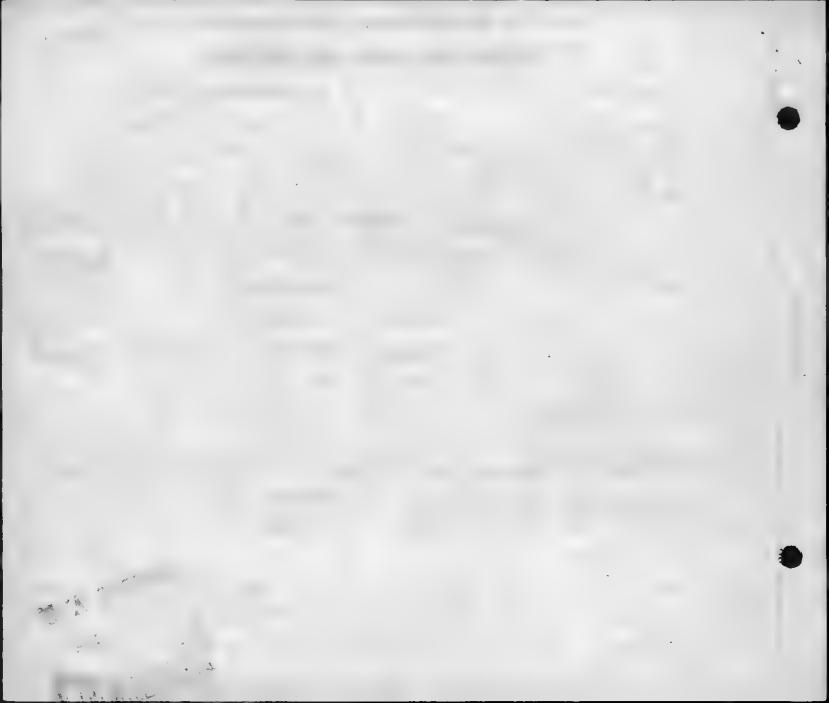


The bottom comy may be setained by the hospital or intending physisian.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1	M	ARYLAND ST	ATE DEPARTMI	ENT OF H	IEALTH-B	ALTIMORE,	18	10909
	108	891 CER	TIFICAT	E OF	DEA	TH	Reg. Dist.	No. 182
71. P	LACE OF DEATH			2. USU	AL RESIDENC	E (HOME) OF	DECEASED	
	OUNTY HARFO	RD	MARYLAND	STATE	MARYLA	AND COUNTY	HARF	SARO
C	ITY /// outside corporate limits is		LENGTH OF STAY	CITY	(if outside corporet	e limits, write RURAL	and give nearest	town)
777	OWN BELA	ir Md.	(in this place)	OR TOWN		L AIR.		7 10
H	OSPITAL OR	1114.	12 yru,	STREE			jive location)	1 to 1
* ST	TREET ADDRESS //6	WILLIAM	15 At.	ADDR	ESS III I	ILLIAM	s St.	/
l D	IAME OF (First) DECEASED Type or Print)	SERT L	(MIDDE)	SOUT	FR	4. DATE (M OF DEATH	onth) (I	Poy) (Year) 2 1955
\$ 51	04.00	7. SINGLE, MARR WIDOWED, DI	IED, 8. DATE	OF BIRTH	9.	AGE lest birthdey	IF UNDER 1 1	
. /	M	(Specify)	V7 1 142	Y 2, 19	ACE (Slets or foreign	39 yr	Months [	Days Hours Min
10a. U	ISUAL OCCUPATION (Give kind lone during most of working life,		ND OF BUSINESS R INDUSTRY	11 BIRTHPLA	ACE (Stets or foreign	country)	12	CITIZEN OF WHAT
ri	ofired) SCIENTIS	7 A 10	nautics	/	PENNSYL 1	1. 7N/A		U.S.A.
I3. FA	ATHER'S NAME			14. MO	THER'S MAIDEN NA	ME		
	ROBERT L	1LL AM	SOUTER		BERTH	AKIN	IBLE	
15. W	VAS DECEASED EVER IN U.S. A	RMED FORCES?   1	6. SOCIAL SECURITY NO.		INFORMANT & AD	DRES5		S' 40 2 m
MYos,	o, or unk.) (Il Yes, give wer o	r detes of service)	366-14-89	119 M	arioris	South	(hite)	20 M 222
1			18. MEDICAL CE	ERTIFICATIO	ON	So uter		INTERVAL BETWEEN
	SEASES OR CONDITIONS DIRECTIONS	LY LEADING TO DEATH	EINOMA of F	Donat	.11	will represent		ONSET AND DEATH
15	4 X IMMEDIATE CAUSE	(A) CAK	SINOMA CT TO	CCCAN	n with	no Testes	140	7 mouth
	ANTECEDENT CAUSE(S)	DUE TO						
GIVIN	SES OR CONDITIONS, IF ANY IG RISE TO THE ABOVE CAUSING UNDERLYING CAUSE LAST	(B)						
STATII	NG UNDERLYING CAUSE LAST	(C)						
	HER SIGNIFICANT CONDITIONS					·		
	THE DEATH BUT NOT RELATED TO							
		196. MAJOR FINDINGS	OF OPERATION					20. AUTOPSY?
	COMPANY AND ADDRESS OF							YES NO
(IF EITH	ACCIDENT WAS UNDERLYING DATRIBUTING DEATH CONTRIBUTING DEATH HER, NOTIFY MEDICAL EXAMINER	}	office bldg., etc.)	21c. WHERE D	ID INJURY OCCUR?	(City or town)	(County)	(Stete)
2ld. T	IME OF INJURY (Month) (Day	(Yeer) (Hour) 21e Wh M. at v		2lf. HOW DI	D INJURY OCCUR?			
22	I hereby certify that I			3 10055	5 40 No. 2	13' 1050	e	
	alive on News_17	10 5 6	ased Homeykanking.	1/30	10 XV, GSZ.		, mat i la	st saw the decease
	SIGNATURE /	anc , السنامة . 17 ع	i that death occurred	81.//	M, from the cau	uses and on the ESS (Street, city, to	date stated	above.  DATE SIGNE
104	. 15 lat . C	12 12 -	un //	15 E1.1 K				
23.	WHAT, CREMATION, IN	DATE THEREOF	M D. //	OR CREMATORY	OKI ITO	LOCATION (City, to	wn, or county)	Na 18,195
120 4	MANAGER TOURS ( ) ( )	4 626	1 00.		-	<b>a</b>		0
24. 1	C C MATIN	EGISTRAR'S SIGNATURE	Xantel Ca	COS FINE	RAL DIRECTOR'S SIN	Patte RSC		OKESS
		Prince	I	X	10 19	5000	00	171 1
DATE	11-19-56	Willes	J OUNTER.	1000	wh J. Jo	a(e) we	Kun "	m





TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours. After death. A certificate has been executed by the attending physician and completely filled in by the funeral director, the first copy death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

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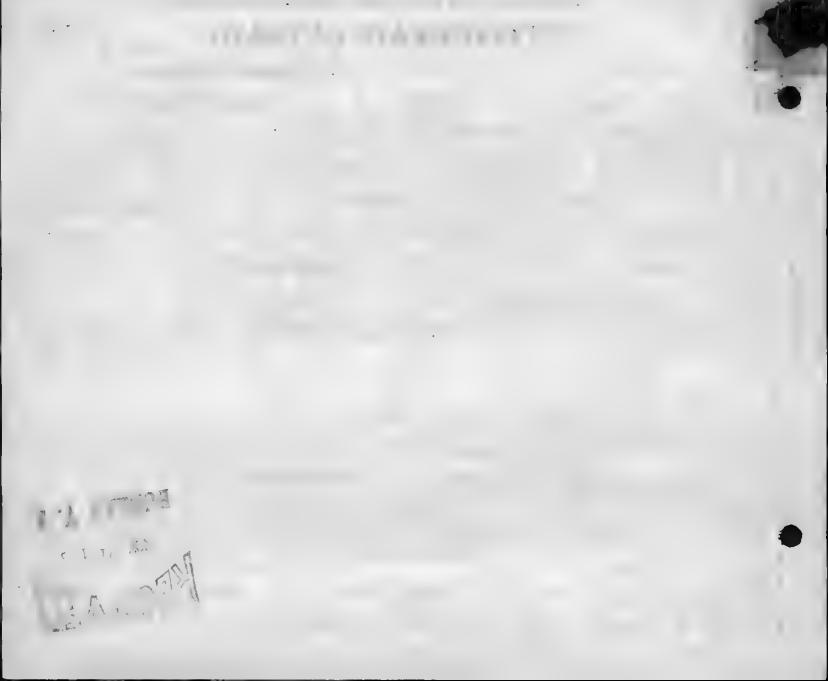
## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 19892 CERTIFICATE OF DEATH

10911

Reg. Dist. No. . 1. 8 (

P I PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED					
COUNTY Hartona. MARYLAND	STATE Maryland COUNTY Harford.					
CITY (Il outs de corporate/limits, write RURAL LENGTH OF STA						
2/ OR and give perpet tokin) (In this place)	TOWN also school 31					
HOSPITAL OR	STREET (If rural give location)					
TO STREET ADDRESS 214 Paradise Rd.	ADDRESS #214. Paradise Road					
3. NAME OF (First) (Middle)	(Last) // 4. DATE (Month) (Dey) (Yeer)					
(Type or Print) & hester Le Roy	Stephens DEATH ZLOV 16th 1055					
S. SEX 6 COLOR OR 7. SINGLE, MARRIED, 8	DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS					
Male white (Specify) Warries &	ekt 16th 1888 67 yrs. Months Days Hours Min.					
Oa USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY OR INDUSTRY	11. BIRTHPLACE (Stala or loreign country) 12. CITIZEN OF WHAT COUNTRY?					
Garing all the for wew retired U.S. Fort . A.P.	9. Vormanteania mast					
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
11711 Am Stephous	Fire Come Rilgors					
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY	NO. 17. INFORMANT & ADDRESS					
(Yes, no, or unk) (If Yas, giva wer or deles of service) 215-24-7	271 Tura Chester L. Stophars abordence					
18. MEDICA	L CERTIFICATION INTERVAL BETWEEN					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						
IMMEDIATE CAUSE IN COCIDE CEXTON CON TRANSLOSIS (Manged)						
ANTECEDENT CAUSEIS) DUE TO						
DISEASES OR CONDITIONS, IF ANY, (B)						
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO						
(C)						
ET OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
DISEASE OR CONDITION CAUSING DEATH						
198 DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?					
· · ·	YES NO L					
21a ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home, farm, factory, OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bldg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)					
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?					
M. at work Ap work	<u>' 🗔 İ</u>					
22. I hereby certify that I attended the deceased from 1955, to NOU Lo., 1955, that I last saw the deceased						
valive on 100 V 5 19 and that death occurred at 7.15 M, from the causes and on the date stated above.						
SIGNATURE ADDRESS (Street, city, lown, state) DATE SIGNED						
X Golden Flutten The M	0. N Re 60, when The 11/17/5+					
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or county) (Stote)					
Bureal 11/19/55 Saleur	weth cemetery Telle, R.V. yor t. Co. Tenna					
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE V APPRESS					
DATOLW 18-55 Viellie & Very	John 9. Varries alerdan und					
1						



# TO FUNETAL DIRECTOR: The wequires that he denth certificate be filed with the registrar within 7.2 hours after death. After this certificate has been secured by the attending physician and completely filled in by the funeral director, the third copy of this 24 hours after death. ATTENDING PHYSICIAN OR HOTHITAL: The law requires that the death-Certificate be executed within The bottom capy may be retained by the Rospies or estending physician.

INSTRUCTIONS

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 10893 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED				
COUNTY Ford MARYLAND	STATE Mayyland COUNTY Har Ford				
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give negrest town) (In this piece)	CITY (If outside corporate limits, write RURAL and give neerest town) OR				
34 TOWN HAV 24 08 9-44	TOWN 15 & 1 Aire				
HOSPITAL OR INSTITUTION OR	STREET (It rurel give location)				
STREET ADDRESS Hay Ford Mamorial Hos	adal Bul HIR				
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey) (Year)				
(Type or Print) Baby Bou	Thompson DEATH GOVEMBER 26 53				
5. SEX 6. COLOR OR 7/ SINGLE, MARRIED, 8. DATE C	The state of the s				
Mala Whitz (Specify) Newbonn 11/0	25/5-5 23 horreres Months Doys Hours Min.				
10e. USUAL OCCUPATION (Give kind of work done during most of working life, eyen % OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT				
relived) OK INDUSTRY	THaryland COUNTRY?				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Milton Hubert Ihans	V 11 D' 11				
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS				
(Yes, no, or unk.) (If Yes, give war or deles of service)	11 -				
18. MEDICAL CER	1405 Pheecods-				
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH				
7.2. 5 IMMEDIATE CAUSE (A) SESPIRATORY FAILURE					
211. 72					
DISEASES OR CONDITIONS, IF ANY, (B) A ELECTASIS AND GIVING RISE TO THE ABOVE CAUSE STATING LINDERLYING CAUSE LAST DUE TO	JOIZ HMINE MEMBRANE				
ICI EXTREME PIZE	EMATURITY (BIRTH WT & 9)				
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?				
	YES NO				
216. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or fown) (County) (State)				
21d, TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while	211. HOW DID INJURY OCCUR?				
M. et work at work					
22. I hereby certify that I attended the deceased from.	, 19, to, 19, that I last saw the deceased				
alive on, 19, and that death occurred at	7 / 0 A 17 from the causes and on the date stated above				
SIGNATURE AND	ADDRESS (Street, city, town, stele)  DATE BIGNED				
1381 18men MH M.D.	Lauria Grace 11.31.55				
23. BURIAL, CREMATION, V / DATE THEREOF   NAME OF CEMETERY OR	CREMATORY   LOGATION (City, town, or county) (Stote)				
MAN 27 55 MT NOV 27	- no strang of out on 1: all to on				
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS				
Man an - a la l	10.0 1/16.6 D. 14. D				
DATE / 160 27-58 4. (X. 200-36) 14 16	& John H. Harries villa, Par				



the .⊆

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 10894 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY 1-10- Pard MARYLAND	STATE Md COUNTY Harlard
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give negred town)
24 TOWN Haure de Srace (In this place)	TOWN Havre de France 24
HOSPITAL OR	STREET (If rural give location)
/ STREET ADDRESS Harford / Viemonal Hospita	1 ADDRESS Havie de Dince height
3. NAME OF DECEASED (Middle)	(Lest) 4. DATE (Month) (Day) (Yeer)
(Type or Print) Benjamin C	Wales DEATH NOV. 19 1955
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DA	TE OF BIRTH 9. AGE last birthdey   IF UNDER 1 YEAR   IF UNDER 24 H
(Specify) Single	of Golcy On the yes. Months Days Hours Mid
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, even if	Tinchi I'm COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
12/ 1 De fra	1 /2 11/1/
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or detes of service)	17. INFORMATI & ADDRESS
A Mark -12 -76	at long to your truck
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
33 MANEDIATE CAUSE (A) COREST CAS	Manufacts 2 due
ANTECEDENT CAUSE(S) DUE TO	V #
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	arleno deroses
STATING UNDERLYING CAUSE LAST. DUE TO	el atematica
IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	14 arenocenoses
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.  196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	OD AUTORIA
O STEAMON	20. AUTOPSY? YES NO
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21s. INJURY OCCURRED	2H. HOW DID INJURY OCCUR?
M. at work at work	
22. I haveby certify that I attended the deceased from Act	11, 19, 55, to No. 1.7, 19.55 , that I last saw the decease
alix on No. 1. 7 19 5 4 and that death occurred	d at
SIGNATURE AND AND THE STREET OF THE STREET O	ADDRESS (Street, city, Jown, state) A DATE SIGNE
Manh Madionan co.	Mmn & hunklin Hanked hung with
BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY	OR CREMATORY LOCATION (City, town, or count) (State)
REMOVAL (SPECIEV)	I HO, n.t DIMY
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	russy for the of a
De 19 1950	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE POVITALIOS CION Jewish M De	18 derove 1664- the true ou

MASYLVIA STATE DESARVABIL OF WIALTS - SALTEDERS, SE

NOTATION OF BEATH

BUREAU V. S.

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registrar within 72 hours after death. by the funeral director, the third cop

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the certificate has been executed by the attending physician and completely filled in death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

copy

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 10895 CERTIFICATE OF DEATH

10915

Reg. Dist. No. 185

	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Harford MARYLAND	STATE Mariland COUNTY Itarford
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest fown)  (In this place)	CITY (It dutside gerporete limits, write RURAL and give necrestrown)
2 Frown Haire de Grace (In this place)	TOWN Havre de Grace 24
HOSPITAL OR INSTITUTION OR O	STREET (If rurel give location)
OF STREET ADDRESS 847 Erre Street	ADDRESS 847 Erie Street
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) Mary V. A.	illiams DEATH 11 - 25 1,55
5. SEX 6. COLOR OR 77. SINGLE, MARRIED, 8. DATE C	TOTAL ATTION
Temale negro (Specify) married 3-	10-1871 84 yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
rolired Structurche	Baltimore County, Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Sconion	Sarah E. Johnson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS 847 Eric St.
(Yas, no, or unk.) (If Yas, give wer or dates of service)	Mr. bookers & H. Ch. Stand H
18, MEDICAL CER	RTIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
143 A HAMEDIATE CAUSE (A) Uremia	
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	3 / 1 /
I OTHER SIGNERICANT CONDITIONS CONTINUED IN THE CONTINUE CONTINUED IN THE CONTINUE CONTINUED IN THE CONTINUE	ardio vascular disease
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IT	
DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
2Te. ACCIDENT WAS UNDERLYING     21b. PLACE (Home, ferm, fectory,	2fc. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Seale)
21d. TIME OF (NJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not white	2If. HOW DID INJURY OCCUR?
M. et work et work	
22. I hereby certify that I attended the deceased from 1112	4., 19.53., to. 11/24, 19.55, that I last saw the deceased
SIGNATURE	ADDRESS (Street, city, town, stets)  DATE SIGNED
thomas Tottomberry	ab 11 51 11 - 10 - 11 ularlan
23. BURIAL CREMATION.   DATE THEREOF   NAME OF TEMETERY OR	CREMATORY LOCATION (City, town, or county) (Siete)
Burial 11-28-55 Union Me	the diet Cenetism Cherden MA.
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE Max 27-1955 G. L. Formis m Al	Atel: a Bull-b dland by he
DAILY (	Concer & Security - Frontier Brace

BE MONTENED HTTANE TO THENTE A THE CHANGE AN

TORDS CERTIFICATE OF DEATH

BUREAU V. S.

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SOCIAL STATE AND THE STATE OF T